

Understanding the needs and priorities of Aboriginal and Torres Strait Islander women who have experienced traumatic brain injury from violence:

A summary of the key findings

What is traumatic brain injury?

Ending violence against women and children is a national priority.^{1,2} Physical violence can generate injuries that affect brain function such as traumatic brain injury.³⁻⁵ Traumatic brain injury can occur through a range of violent behaviours including a direct blow to the head, a force transmitted from the body to the head, shaking of the body or the head, and receiving hits to the head by objects. Repeated hits to the head cause the brain to become swollen, stretched, bruised or torn. Traumatic brain injuries vary from mild (including concussion) to moderate and severe. These classifications are not related to the outcome – with growing recognition concussion can result in significant changes requiring complex and long-term supports for rehabilitation and recovery.⁶ The National Plan to End Violence Against Women and Children (2022-32) and the Aboriginal and Torres Strait Islander Action Plan (2023-25) highlights the critical importance of health care systems as

well as community-based services, such as legal, housing and family violence services, incorporating traumatic brain injury into their practices and policies for working with women who have experienced physical violence.^{1,2}

Background to the project

A National Health and Medical Research Council (NHMRC) project (APP1081947; 2015-18) the research team was involved in reviewed deidentified Northern Territory hospital admissions for traumatic brain injury (2005-17). This previous project found for Aboriginal and Torres Strait Islander women, the head injury incidence rate was almost 15 times that of non-Indigenous women. In relation to traumatic brain injury, Aboriginal and Torres Strait Islander women presented to the hospital 5 times more often than non-Indigenous women (unpublished, refer to Bohanna et al., 2018 for more information about the project).⁷

This project aimed to:

- Understand the experience of Aboriginal and Torres Strait Islander women in hospital for traumatic brain injury from violence
- Identify the key supports and issues for Aboriginal and Torres Strait Islander women who had experienced traumatic brain injury from violence
- Understand what is important for Aboriginal and Torres Strait Islander women who had experienced traumatic brain injury from violence and their families
- Identify the strengths and gaps in service delivery for Aboriginal and Torres Strait Islander women who had experienced traumatic brain injury from violence

Between January 2022 and December 2023, the research team completed interviews and focus groups with **four knowledge holders:** Aboriginal and Torres Strait Islander women who had experienced traumatic brain injury from violence as well as their family members, hospital staff and frontline community-based services.⁸⁻¹²

This is a summary of the key findings.

Listening to the voices of Aboriginal and Torres Strait Islander women about traumatic brain injury from violence

Ways Aboriginal and Torres Strait Islander women sustain traumatic brain injury

Within the narratives of Aboriginal and Torres Strait Islander women, violence-related traumatic brain injuries were not isolated experiences; they were repetitive, occurring over prolonged periods.⁸ Some Aboriginal and Torres Strait Islander women reported hits to the head every two weeks from their partner while they were in a relationship where there was violence. This included Aboriginal and Torres Strait Islander men as well as non-Indigenous men.

A range of objects were used to inflict these injuries, including fists, axes, steel-capped boots, knives, steel, or wooden poles, or having their head being hit against a hard object such their hitting the floor. Household items such as cups, glass bottles, cans and drinking glasses were also used to cause injury. Some Aboriginal and Torres Strait Islander women told us they had 'lost count' of the number times they had experienced head injuries from violence.

Some Aboriginal and Torres Strait Islander women also said they had experienced non-fatal strangulation, or what was commonly referred to as choking, by their current or former partner. Non-fatal strangulation is also harmful to the brain because it reduces blood flow to the head, depriving the brain from oxygen and creating a toxic environment for brain cells.¹³ Mild oxygen deprivation through non-fatal strangulation, where there is no loss of consciousness experienced can also result in a brain injury.

Coral shared:

Black out, now suffering from memory loss, like finding hard to be telling a yarn. These are stories that have happened to me. But I can't remember it.

Kirra said about her own experience:

I notice short term memory problems in myself. I just blank out, I forget things. Sometimes someone is telling me something and then I feel lost. Other things, I put something somewhere, like, book, keys, phone. If I can't see it, I forget where I put it.

I have troubles keeping focused on one thing. I thought this was normal, it was old age. My daughter said, it's not okay and worries for me.

Katherine described the following experiences:

Any family ask me, you been drinking? Any little thing I do. It goes like that [Katherine stood up out of her chair and walked around the room], walking really stiff and I keep tripping. One little slide on the path, I'm so sloppy, I'm not even walking properly. I have to stay home.

Everyday changes from traumatic brain injury

The experience of traumatic brain injury is unique to each person but there were some common behavioural, emotional, physical and psychological symptoms Aboriginal and Torres Strait Islander women told us they experienced after their injury.

These included:

- Dizziness and headaches
- Memory troubles (like being more forgetful and missing appointments)
- Difficulty with attention, concentration and focus
- Troubles with problem solving and organisation
- Trouble with taking in information and thinking (sometimes described as 'mixed up thinking' by Aboriginal and Torres Strait Islander women)
- Finding it hard to start a yarn or keep conversations going with family and friends (frequently described as 'losing the words or having the words disappear' or feeling like 'my brain went blank')
- Lack of awareness surrounding personal space
- Difficulty with controlling emotions (sometimes explained as inability to control anger or big mood swings)
- Feeling sad, depressed or anxious
- Balance and coordination troubles (stories were shared by Aboriginal and Torres Strait Islander women about difficulties using public footpaths)
- Feeling tired more often

Aboriginal and Torres Strait Islander women told us they were also living other injuries from violence including injuries to their jaws, eyes and cheek bones as well as damage to their teeth. Head, neck and facial issues left Aboriginal and Torres Strait Islander women living with and managing pain every day.

Family and community members also noticed changes in Aboriginal and Torres Strait Islander women that were important to them including:

- Spending more time alone
- Not talking as much to family as they used to
- Walking alone on the streets
- Personality changes, like becoming wild or difficulty controlling emotions

We often heard “*she wasn’t like this before*” from community members.

Aunty Ruby said:

Notice she becomes silent, prefers to be alone, forget things, speaking is different, mood swings. She used to be quiet and gentle. She now gets really angry.

Another community member said:

We have noticed in the community, the number of women who have had early onset dementia, it has increased. We know in our minds, it could have come from all the violence.



Access to healthcare for Aboriginal and Torres Strait Islander women following a traumatic brain injury from violence

Everyday barriers that can affect healthcare access

There were many factors that Aboriginal and Torres Strait Islander women considered when deciding to access healthcare at the local hospital or community clinic. Sometimes Aboriginal and Torres Strait Islander women felt they were unsafe or unable to go to the hospital or clinic because they were:⁹

- Worried about being reported to authorities as well as child removal by child protection services
- Managing and finding solutions to other priorities at the time including financial as well as housing and accommodation worries
- Experiencing coercive control including threats of violence from person who used violence (such as a current or former partner) if they did access healthcare. Aboriginal and Torres Strait Islander women were often also prevented from accessing a working phone or transport

Low levels of awareness and knowledge of long-lasting harm that the brain can sustain from physical violence was another perceived reasons why Aboriginal and Torres Strait Islander women do not access healthcare after a head injury.

The characteristics of the injury – such as visibility of the injury as well as recollection of loss of consciousness also affected healthcare access. If there were no visible marks, blood or recalled loss of consciousness (or ‘blacking out’) Aboriginal and Torres Strait Islander women often managed immediate symptoms (such as headaches and dizziness):

He come from behind me. I was standing in the kitchen making dinner. Then whack. I made sure I didn’t fall to the ground, so I didn’t go down. I held onto the bench. He didn’t knock me out, I saw stars. There was no blood. I had a headache for a few days. (Marlee)



Workforce barriers that can affect healthcare access



Lack of traumatic brain injury training and screening

Only a small number of frontline staff had completed traumatic brain injury training and education. Frontline staff self-reported they felt low levels of confidence to ask Aboriginal and Torres Strait Islander women about traumatic brain injury or to make informed decisions about how to include traumatic brain injury into their policies and practices.^{10,11}

Family violence and health screening protocols used by services did not directly ask Aboriginal and Torres Strait Islander women about traumatic brain injury. Lack of traumatic brain injury training and screening may lead to traumatic brain injury symptoms being misidentified as a mental health condition or long-term alcohol misuse, as one frontline worker told us:

As a service provider, you think, why did I not think about this earlier? Now that we are having this conversation, I can think of a few clients, one in particular who we thought had mental health issues and also had a long history of AOD [alcohol and other drugs], but it is likely that she was experiencing a brain injury after the years of violence she had suffered. But we didn't pick that up when we were working with her.

Lack of brain injury organisations and specialist services in regional and remote Australia

Lack of specialised brain injury services as well as neuropsychologists in regional and remote communities was seen as another barrier to supporting an Aboriginal and Torres Strait Islander woman who has experienced a traumatic brain injury from violence.

You get their medical histories and their police records, and they've just been basically pummeled within an inch of their life for all of their life in terms of re-occurring head injuries, re-occurring stabbings and assaults and you just look at the totality of it and go, how does this person even function at any level? But of course the problem is often being able to, there are really very few people who are specialised to give an opinion, such as [a] neuropsychologist, to come up here or work in this region so it's very hard to get a proper diagnosis.

Another frontline worker commented:

Like none of the women that we have, I don't know any who actually have a confirmed diagnosis of a TBI, like that would be the issue. So that's the difficulty for us as well, because they haven't actually been formally diagnosed with anything.

Qualities of remote primary healthcare

High turnover of the health workforce in remote primary healthcare community clinics as well as high workloads for primary healthcare professionals were also considered by frontline community-based services and hospital staff to contribute to violence-related traumatic brain injury being missed when Aboriginal and Torres Strait Islander women presented to the community clinic:

The nurses in those communities, there might be nurses in there who haven't worked in those [communities], they fly in, fly out, they could be new nurses who miss the signs [of traumatic brain injury], because they're not as used to it.

No follow-up pathways for mild traumatic brain injury

Hospital staff and community-based services felt that existing remote healthcare pathways and follow-up care were not designed to design to all severity levels of traumatic brain injury. While Aboriginal and Torres Strait Islander women with many significant injuries were medically evacuated, Aboriginal and Torres Strait Islander women who experienced violence-related concussion received all their medical care in the community and were unaware of any specific follow-up support post-injury provided to their clients to determine if they were experiencing ongoing symptoms related to their traumatic brain injury.



Strategies to manage traumatic brain injury symptoms

Aboriginal and Torres Strait Islander practiced activities to help with traumatic brain injury-related symptoms such as changes to memory:⁸

- Painting and weaving
- Listening to meditation music
- Completing puzzles and games

Many Aboriginal and Torres Strait Islander women were connected with church and womens groups. A sense of belonging and social connections was important for Aboriginal and Torres Strait Islander women:

We go down each Tuesday, have a cup for tea and lunch, there is no judgement and it's a woman's only space. (Margaret).

Friends and family helped Aboriginal and Torres Strait Islander women with everyday tasks like shopping at the supermarket, paying bills and attending appointments:

Someone from the family talks to me on the phone when I'm at the shop so I don't forget. Sometimes my daughter or grandchildren will take a photo and send to me, "Don't forget that main ones, washing powder, meat. (Pat)

While commonly used strategies to manage traumatic brain injury-related symptoms can be beneficial for some Aboriginal and Torres Strait Islander women who have sustained traumatic brain injury from violence, for other Aboriginal and Torres Strait Islander women these strategies were unable to be realistically implemented into everyday life. Experiencing homelessness can undermine the capacity of Aboriginal and Torres Strait Islander women to seek medical care, treatment for traumatic brain injury and to implement strategies to manage everyday traumatic brain injury symptoms.



I'm a frontline worker, what can I do?

Traumatic brain injury can affect an Aboriginal and Torres Strait Islander woman in many ways. It is important to be aware of the short- and long-term effects of traumatic brain injury that can change the way an Aboriginal and Torres Strait Islander woman acts, thinks and feels, to avoid misunderstanding her behaviour as not listening or misinterpreting symptoms as mental health conditions or long-term alcohol use. Difficulties following instructions, recalling information, attending scheduled appointments can be the after-effects of one or many injuries to the brain.

The short- and long-term effects of traumatic brain injury can be grouped into the following categories:

- Cognition – thinking, memory, reasoning, decision-making, planning
- Physical – vision, balance, coordination, other body injury, disability

- Communication – expressing emotions, ideas and thoughts as well as understanding information
- Feeling and emotions – depression, anxiety, aggression
- Identity and sense of self – personality, kinship and family roles, parenting, self-doubt

The medical records of Aboriginal and Torres Strait Islander women are unlikely to reflect their lived experience of violence-related traumatic brain injury due to the barriers that can affect their healthcare access and reporting of violence-related injuries.



It is important to:

- Work with Aboriginal and Torres Strait Islander women in ways that provide support for a potential traumatic brain injury, even if a traumatic brain injury has not been confirmed
- Where possible, work in an indoor or outdoor space that is calm and quiet (such as reduced noise, reduced visual distractions, and the use of soft lighting)
- Allow extra time for someone to yarn or respond to questions
- Keep meetings short - it may be better to have a couple of meetings over several days than one long meeting
- Share information on brain health, symptoms to look out for and how to manage them
- Encourage and support Aboriginal and Torres Strait Islander women to use memory aids (including calendars, timetables, reminders pm phone) if safe to do so – for some Aboriginal and Torres Strait Islander women these tips are helpful – but this may not be useful for everyone, particularly women who do not have safe, stable accommodation or are living with violence
- Provide care that is empathetic and understanding to where they are coming from

About this summary

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