

First Nations women are 69 times more likely to have a head injury after being assaulted

November 10 2022, by Michelle Fitts, Jennifer Cullen and Karen Soldatic



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(First Nations people, please be advised that the following article mentions family violence and assault.)

Aboriginal and Torres Strait Islander women are [69 times more likely](#) than non-First Nations women to go to hospital with a head [injury](#)

because of an assault.

But not all First Nations women get the support they need.

[Our new study](#) shows how health and [support services](#) working in remote areas are not equipped with the tools to identify the potential of a head injury for women who experience [violence](#).

Not only are [service workers](#) not asking women about a potential [traumatic brain injury](#), there's a lack of referral options, and often no diagnosis, limiting women's access to services and supports for recovery.

What is traumatic brain injury?

Head injuries after an assault range from cuts and bruises to the type that can cause longer-term damage, known as traumatic brain injury.

Traumatic brain injury [is defined as](#) damage to, or alteration of, [brain function](#) due to a blow or force to the head. Non-fatal strangulation can also lead to [brain injury](#) as the brain is deprived of oxygen.

Such injury can have short-term (acute) effects or cumulative effects (over months or years). Changes vary from person to person but can include [memory loss](#), difficulty with motivation, impaired awareness, sensory problems, mood changes and anxiety.

Some types of traumatic brain injury are also a risk factor for early onset dementia.

We're talking about family violence

Our work tries to understand the needs and priorities of First Nations

women who have experienced a traumatic brain injury due to family violence.

Timely and culturally safe care, and support, following such brain injury is vital. But not all First Nations women get access to it.

So, in early 2022, we spoke to 38 professionals from various sectors—including health, crisis accommodation and support, disability, family violence, and legal services—working across [remote areas](#) of the Northern Territory.

The data offers insights into the barriers that can prevent people asking First Nations women about possible brain injury, and women's access to health care afterwards.

Often, there's no follow-up

Participants told us that while the more severe cases were evacuated from a remote community to a hospital, less-severe cases were not always followed up.

One participant told us:

"Women are often not evacuated following a head injury, if it's assessed to not be an urgent thing, so might not necessarily be getting CT scans."

CT scans can help inform diagnosis, treatment and support.

Service providers were also often unaware of follow-up pathways to identify and connect women with the right supports, should they have ongoing symptoms.

A fly-in, fly out workforce

Participants told us that high workforce turnover and [fly-in, fly-out health services](#) in remote regions could also affect identification of traumatic brain injury.

They told us short-term staff can lack knowledge and familiarity of working in remote communities, and in building community relationships.

Lack of referral, diagnosis, training

Not all women were referred to neuropsychologists (health professionals who might assess symptoms), which led to gaps in medical reports and formalized assessments. One participant told us:

"I don't know any who actually have a confirmed diagnosis."

This has implications for how women are managed and the supports they receive.

None of the staff we interviewed had completed training about traumatic brain injury. One told us:

"We get ADD [attention-deficit disorder] workshops, we get domestic and family violence workshops, disability support workshops, but nothing around brain injury."

Other than some legal services, service providers did not ask specific questions of women who had experience violence and assaults about possible traumatic brain injury.

One participant said:

"We'll screen for domestic violence, but we don't screen for specific injuries."

What can we do about it?

As our research shows, First Nations women with traumatic brain injury need better access to support and services, which is critical for their long-term recovery.

Here's how we support frontline staff:

- design and roll out education about traumatic brain injury to develop staff knowledge and confidence. This education needs to be tailored to the type of frontline staff (remote area nurses will clearly need different education to housing staff), be designed with First Nations input and be culturally appropriate
- ask women about the possibility of traumatic brain injury as part of existing [family violence](#) and health assessments
- ask culturally appropriate questions that are not meant to diagnose traumatic brain injury, but help to identify cognitive impairment and complex disability
- explore different ways of delivering rehabilitation for mild traumatic brain injury, and whether telehealth might be appropriate under some circumstances.

Giving a voice to First Nations women living with traumatic [brain](#) injury is also crucial to providing the necessary supports during their

rehabilitation and recovery.

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