

# Concussion in women's rugby going unreported

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Team spirit can be more of a hindrance than a help when it comes to reporting concussion in women's rugby.

That's according to [a new study](#) by sports experts at Staffordshire University and Atlantic Technological University who have been investigating attitudes in elite women's [rugby](#) union.

Dr. Alex Blackett, Head of Sport & Exercise at Staffordshire University, said: "Female participation in rugby union has increased significantly in recent years. Sports science, however, has traditionally been male-focused and concussion in the women's game is grossly under-researched despite the known risks.

"We know that [female athletes](#) may be at greater risk of sustaining a concussion, may take longer to recover, and may have more severe symptoms than their male counterparts. So, it is important that we understand what might influence players' attitudes about these types of injuries and how they are managed."

Based on in-depth interviews with professional female rugby players, the research explores how the 'social identity approach' might encourage or prevent players from disclosing sport-related concussions.

Dr. Lisa Ryan, Head of Sport Exercise and Nutrition at Atlantic Technological University, explained: "Social identity is when individuals stop thinking in terms of "I" and "me" and instead think in terms of the group as "we" and "us." When individuals begin to think in terms of the group rather than themselves, it can influence a number of different facets such as their behaviors, beliefs, stress management, cognitions, and well-being.

"While a considerable amount of research has focused on the potential beneficial effects of social identity on sporting performance and sports leadership, there is also evidence to suggest that there are instances where social identity can be harmful to health."

All participants in the study played international level rugby union representing Ireland or UK countries at the time of data collection. The research found that brain [injury](#) is often underreported or not disclosed. Unlike a broken arm or a torn hamstring, it is possible to hide the physical effects of concussion from medical and coaching staff and continue to play while injured.

The players interviewed shared a very strong social identity as 'women in rugby' united in their struggle for better support and recognition for the women's game. This shared [social identity](#) had both positive and negative implications for concussion disclosure.

Many players spoke about continuing to train while injured or coming back from injury too early. A reason for this was "feeling like an outsider" when injured and missing their teammates. Fewer players, when compared to the men's game, can also create a strong feeling of obligation to play while injured.

A recurring comment throughout the interviews was the lack of regular access to medical support such as physiotherapy. Many of the women interviewed stated that they do not have enough knowledge regarding concussion and brain injury. As a result, players learned a considerable amount of their injury management from each other.

The study did, however, highlight the very positive role that players can have on each other and how they want to look out for and protect each other. The researchers hope that these findings could be used to inform sport psychology interventions to enhance the disclosure or sport-related concussion in elite women's rugby.

Dr. Blackett added: "Our findings show that players themselves may play an important role in distributing education around concussion and brain injury management. To drive [behavior change](#), coaching staff and sports

psychologists should consider the use of player role models to help in the delivery of [concussion](#) education messages."

**More information:** Lisa Ryan et al, Sport-related concussion disclosure in women's rugby—A social identity approach, *Frontiers in Sports and Active Living* (2023). [DOI: 10.3389/fspor.2023.1058305](https://doi.org/10.3389/fspor.2023.1058305)

Provided by Staffordshire University

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