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THE EXAMINER Monday September 22, 2025 examiner.com.au

# 'Too many times victims dismissed'

## Lauren Richardson

WARNING: This story contains mentions of violence and abuse that may be distressing

Engender Equality advocate and victim-survivor Deborah Thomson said sports concussions were getting the attention and awareness they needed, but brain trauma acquired through domestic violence wasn't.

"We're talking a lot about sports and concussion, but not enough about domestic violence and how that contributes to acquired brain injury (ABI)," Ms Thomson said.

Ms Thomson was attacked by her partner on multiple occasions over 18 years.

Three episodes of non-fatal strangulation, at least two head impacts, and other violence left her with multiple aneurysms.

These weren't discovered until decades later, when she investigated something unrelated.

"The surgeon said it was highly likely they had resulted from head injury 30 years ago," Ms Thomson said.

She said she was "lucky in a way", as they could've burst.

And ruptured aneurysms are potentially fatal.

As a result of the ABI, Ms Thomson experienced high blood pressure, headaches, slowed speech, optic nerve damage, memory loss, and loss of mobility.

Senior psychology lecturer at the University of Tasmania, Christine Padgett, said brain injuries are often sustained over years and can lead to lasting physical,



Deborah Thomson was in a domestic violence situation for 18 years in the 80s/90s and ended up with acquired brain injuries from multiple aneurisms. Picture by David

behavioural, psychological, and cognitive consequences for victim-survivors.

She said victim-survivors may not even realise how their brain is being impacted when subjected to violence like choking, smothering and shaking.

"In the context of intimate partner violence, the injuries can often be cumulative. In other words, they're happening frequently, and repeatedly, they can vary greatly in terms of severity," Dr Padgett said.

She said, worst case scenario, strangulation or a lack of oxygen to the brain could become fatal in under three minutes.

Dr Padgett said often victim-survivors bear no physical signs of injury immediately after the violence, and bruising may not appear until later.

'The person might appear as if they're just a bit drunk or they're a bit flaky," she said.

"Sometimes, people aren't able to describe what's happened, and it could be interpreted as them being a bit unreliable."

She said the first step towards treating these injuries was making people aware.

"If we compare the rates of it occurring in intimate partner violence to sports, for example, we know it's really quite high,

but we haven't really talked about it," Dr Padgett said.

Ms Thomson said first responders, like police, needed to understand the hurdles and challenges victim-survivors present for support, to better identify potential ABIs.

"[They could be] hysterical or unable to articulate their symptoms, or they simply won't speak to the fear of the consequence from the perpetrator," Ms Thomson said.

"I'd like to see intensive training of first responders to victims of abuse, and that includes the police, GP specialists, and medical specialists.

"Too many times victims have been dismissed."

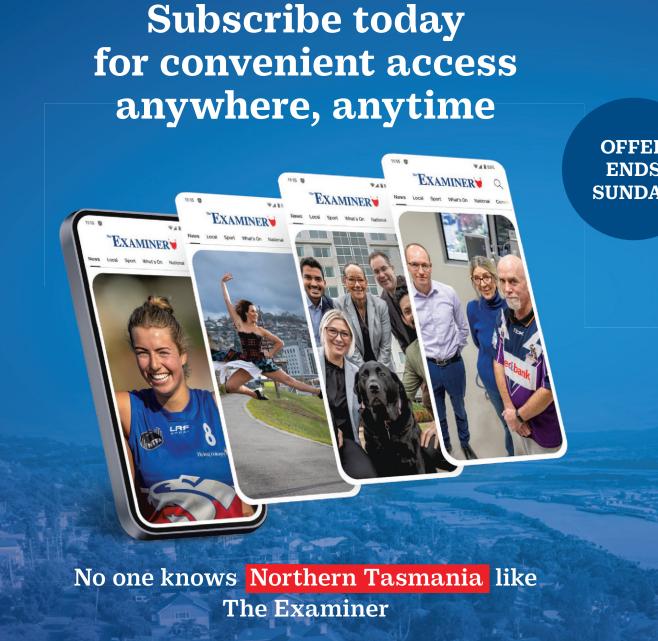
She said accurate and timely diagnoses were vital to victim-survivors receiving correct treatment, herself included, but she was never asked about brain injury or non-fatal strangulation.

Engender Equality chief executive Alina Thomas said there was currently no coordinated response to non-fatal strangulation.

She said non-fatal strangulation was a "big red flag" in domestic violence situations, increasing the victim-survivors' likelihood of dying eightfold.

"[It's] absolutely dismal that we aren't even seeing it as an issue, even though you're much more likely to die as a result of traumatic brain injury or non-fatal strangulation," Ms Thomas said.

■ Support is available for those who may be distressed. Phone Lifeline 13 11 14; Kids Helpline 1800 551 800; beyondblue 1300 224 636





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