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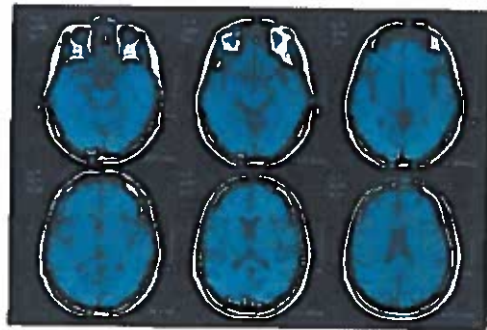
NO VISIBLE BRUISES: DOMESTIC VIOLENCE AND TRAUMATIC BRAIN INJURY

By Rachel Louise Snyder

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In the first version of her story, Grace Costa says that, on the night after Christmas, in 2012, her ex-boyfriend broke into her house, hid behind her bedroom door, and then attacked her as she and her two grown children—a son and a daughter—were about to eat dinner. In the second version, it's still the night after Christmas, but it might be 2013, and only her daughter is at home with her. There's a half-eaten apple on the floor of the kitchen; she remembers asking her daughter if she'd thrown it toward the garbage and missed. She also remembers thinking that she'd left the outside light on and then it was off.



The vast majority of domestic-violence victims who show signs of traumatic brain injury never receive a formal diagnosis. Yemot / Getty

Costa (whose name has been changed) describes the night in disjointed phrases. She cries and then stops. She spirals out from the story into another, and it takes some nudging to get her to return to the original. She knows she somehow got wrapped in a cord, and she comes back to this over and over. It was a phone cord, she thinks. "I don't know where that cord came from," she says. Then, later, "I don't know where he got that cord." Her hands were bound somehow, and then she fell to the ground. She was inside, and then she was outside. She remembers her ex-boyfriend punching her daughter in the face, blood spurting from her nose.

Local newspapers said the police arrived when she was on the ground. She was down, then up. Maybe down again. Thrown against the car, hard. Punched. Strangled. She was trying not to black out. There was blood, and that cord, and her daughter. The police weren't there, and then they were. The night comes in flashes, an image at a time—apple, blood, cord—but the pieces never fit together into a whole. Instead, they hang untethered in her mind. "I don't remember much of anything half the time," she says.

Costa has a mild brain injury from that night, though she does not recall this exact diagnosis. She also has vertigo, hearing loss, poor memory, anxiety, headaches, ringing in her ears (which she describes as a constant "electrical signal"), and a hip that causes her to limp sometimes, which she believes came from being hurled against her car. In light of her other injuries, she hasn't had her hip treated.

After the police arrived, Costa, her daughter, and her ex-boyfriend were all taken to the same emergency room. She remembers that the hospital was overwhelmingly busy, and that her attacker was still nearby. She had a sense of



In many of those three hundred strangulation cases, Strack also saw that the victims had urinated or defecated—an act she chalked up to their fear. She spoke to an emergency-room physician named George McClane who offered her a very different view. Urination and defecation are physical functions, like sweating and digestion, that happen below our consciousness, and are controlled by the autonomic nervous system. Sacral nerves in the brain stem—the final part of the brain to expire—control the sphincter muscles. So urination and defecation weren't a sign of fear, McClane showed Strack, but rather evidence that every one of those victims had been mere moments away from death. And each one of those cases had been prosecuted as a misdemeanor.

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Strack made it her mission to train those in the domestic-violence field—from police officers to dispatchers to shelter workers to attorneys—on the signs of strangulation. Since the mid-nineteen-nineties, she and Gwinn have travelled the country holding trainings sessions that cover anatomy, investigation, prosecution, and victim safety in strangulation cases; Gwinn estimates that they've trained more than fifty thousand people. In 2011, Strack and Gwinn helped to launch the Training Institute on Strangulation Prevention with a grant from the Office of Violence Against Women. Based in San Diego, the Institute conducts four-day sessions to “train the trainers” with the help of an advisory group that includes doctors, nurses, judges, survivors, police officers, and prosecutors.

In 2013, Gwinn, Strack, and several other leading voices in the domestic-violence community submitted briefs to the Supreme Court sentencing commission outlining the particular danger of strangulation and suffocation. Last year, the Supreme Court added language to its sentencing-commission report that specifically addressed strangulation and suffocation, recommending increased prison time for those found guilty. Today, thirty-eight states prosecute strangulation as a felony, and “every jurisdiction that has prosecuted strangulation as a felony with a

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woman she studied who lost the ability to read and write; child protective services took her children because they felt she couldn't care for them. (Vella says that this woman is relearning the alphabet, reading simple newspaper stories, and has since regained custody of her children.)

It is not uncommon for victims of domestic violence like Costa to have trouble remembering the incidents that land their partners in trouble. They were in one part of the house and then suddenly another, and they can't remember the sequence of events. Their explanation of what happened is cloudy, and law enforcement and courtrooms put the burden of proof on them. To the untrained, they sound like liars. Often, they sound hysterical. What researchers have learned from combat soldiers and football players and car-accident victims is only now making its way into the domestic-violence community: that the poor recall, the recanting, the changing details, along with other markers, like anxiety, hyper-vigilance, and headaches, can all be signs of T.B.I.

Strack also points out how the emotional component of T.B.I. in cases of domestic violence complicates the lives of survivors. Veterans, for example, have the benefit of a support network when they're injured. Family, friends, medical personnel, and fellow-survivors are all explicit supporters of the injured party. But domestic violence continues to be seen as a mostly private issue. One woman I spoke with, whose ex had been found guilty of torture and was given a life sentence, talked about the shame she felt knowing that she'd ended up in an abusive relationship. "I was profoundly embarrassed," she says. "You think of someone who's poor, who's uneducated, who doesn't have resources. I thought if I could get him to change back, I wouldn't have to tell people about it." Strack says this emotional component can haunt victims for years. "That trauma of knowing someone you love is willing to take your last breath," she says. "How do you live with that?"

Rachel Louise Snyder is the author of the books "No Visible Bruises," "What We've Lost Is Nothing" and "Fugitive Denim." She first contributed to the magazine in 2013.

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