Good afternoon, Chair Young, Vice Chair Ritter, Ranking Member Piccolantonio, and members of the Ohio House Workforce and Higher Education Committee.

Thank you for accepting my written testimony in support of House Bill 91, to establish the Traumatic Brain Injury Treatment Accelerator Program. My name is Danielle Firsich, and I am the Director of Public Policy for Planned Parenthood Advocates of Ohio and Planned Parenthood of Greater Ohio. Prior to my current position, I directed the first Family Justice Center in Cincinnati, where I led the coordinated, multi-agency response to domestic violence, sexual assault, human trafficking and stalking cases. While serving thousands of survivors in Southwest Ohio, my team and I frequently saw cases involving traumatic brain injuries, often unrecognized or undiagnosed and leading to compounding and ongoing symptoms. There is a greater need for research and training in this area, particularly for first responders and medical professionals who interact with survivors of violence and trauma daily, and who may not recognize the telltale signs of traumatic brain injuries.

A recent article via NBC discussed the prevalence of TBIs in survivors of domestic violence, particularly those who were subjected to repeated and/or ongoing head trauma or strangulation:

> "There's been growing awareness of traumatic brain injury in sports, but TBI among victims of domestic violence is often overlooked and misdiagnosed, experts say. Nearly 1 in 4 women have experienced domestic violence, according to the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey (NISVS), and studies estimate that up to 90% of those women have had at least one traumatic brain injury. National research about brain injury and domestic violence is lacking."[1]

In 2020, the U.S. Government Accountability Office released a report recommending that the Department of Health and Human Services "improve federal data on the prevalence of brain injuries among domestic violence survivors."[1] While many survivors who have sustained severe injuries to the head and/or neck are seen in emergency rooms after the assault, they are often not identified as victims of domestic violence and are never treated for traumatic brain injury. The signs can be easy for medical staff to miss, as the head injury itself is often not the primary reason the survivor is seeking care, and survivors with an anoxic brain injury have difficulty with memory recall immediately before and after they were deprived of oxygen or lost consciousness. Survivors may not even understand they have a severe head injury immediately after the assault, as symptoms involving memory loss, sensitivity to light or noise, or difficulty speaking often occur after the initial trip to the hospital.

The long-term consequences of undiagnosed and untreated TBIs are severe—they can lead to "lifelong neurologic impairment, including dementia and a neurodegenerative disease called chronic traumatic encephalopathy (CTE)."[2] Per the American Brain Foundation, "millions of women experience traumatic brain injuries due to domestic violence every year," leading to "life-long changes in memory, mood, and other cognitive functions."[2] This hidden epidemic exists largely due to a lack of education and awareness, as well as underreporting of gender-based violence incidents due to fear, stigma, lack of resources, or lack of confidence in law enforcement responses and the criminal justice system overall.

Screening of survivors--including lethality assessments--is a crucial first step in identifying both the possibility of gender-based violence and any associated head or brain injury:

> "It is best practice to a) universally assess for domestic violence and b) establish an ongoing working relationship with local domestic violence program advocates to streamline a two-way 'warm' referral process where provider partners personally know and trust each other's staff, agencies and services. It is helpful, when assessing for domestic violence, to first inform an individual that because injuries to the head are so common in relationships, you are now discussing these important issues with all patients. It may take time for a survivor to trust a provider enough to disclose how the TBI occurred. In fact, a provider may be the first and only person a survivor will have or may ever tell about the abuse. Domestic violence assessment questions must be asked, sometimes multiple times, and always with trauma-informed compassion."[3]

Domestic violence is ubiquitous, and TBIs have a far greater prevalence than previously understood by first responders and medical professionals. Universal screenings at the site of domestic incidents—whether violence is immediately identifiable or not—including specific questions about physical violence or strangulation are both recommended and necessary. Greater funding for research is desperately needed, and establishing a biohub like the Traumatic Brain Injury Accelerator Program is a critical first step in addressing the massive gaps in gender-based violence response systems and medical treatment.

Thank you for accepting this written testimony in strong support of HB91. I urge the committee to vote yes on this important bill.

[1] https://www.nbcnews.com/health/womens-health/brain-injuries-undiagnosed-untreated-domestic-violence-rcna183637

[2] https://www.americanbrainfoundation.org/domestic-violence-and-traumatic-brain-injury-the-chilling-truth-of-this-hits-home/

[3] https://biausa.org/public-affairs/media/domestic-violence-as-a-cause-of-tbi