Eve Valera, PhD, a researcher at the Martinos Center for Biomedical Imaging at Massachusetts General Hospital, is working to learn more about the traumatic brain injuries suffered by women in abusive relationships.

What comes to mind when you think of someone who has suffered a traumatic brain injury (TBI)?

An athlete who plays a contact sport such as football or hockey, perhaps? Someone who has served in the military? The victim of a car accident?

While it’s certainly true that these are likely candidates for TBIs, one Massachusetts General Hospital researcher has identified an often-overlooked segment of the population that frequently suffers repeated TBIs—women who have experienced intimate partner violence (IPV).

Eve Valera, PhD, an investigator at the Martinos Center for Biomedical Imaging and Assistant Professor of Psychology at Harvard Medical School, along with Aaron Kucyi, PhD, now at Stanford University, recently completed the first study to use neuroimaging to examine the effect of TBIs on the brains of women who have been in abusive relationships.

What they have found may be cause for a global public health concern.

In a study of 20 women from the Boston area who experienced IPV, Valera found that the severity (number and frequency) of TBIs the women sustained...
as a result of violent encounters with their partners was associated with a reduction in the interaction between two areas of the brain that play a key role in everyday functioning.

The less interaction there was between these two regions, the more poorly the women performed on tasks of memory and learning.

The results of Valera’s study suggest that as the severity and number of the TBIs increase, the brain may have more difficulty switching between the Default Mode Network (DMN), which manages the brain when we are not focused on the outside world (such as during deep thought, daydreaming and memory recall), and the Salience Network, which supports more active task-specific functioning (i.e., paying attention, remembering a list).

While the patterns of diminished network interaction observed in Valera’s study are consistent with those of other TBI victims, there are significant differences in the way the women sustain their injuries.

The incidents of repeated violence detailed by Valera’s study participants are brutal and difficult to comprehend. Some of the women reported being punched, dragged, beaten or strangled as often as three to four times a week, being slammed into walls or floors, being thrown down stairs, hit with a bat or strangled into unconsciousness. In some cases, this pattern of abuse had lasted for years.

"Once people realize the type and frequency of abuse these women experience, it is easier to understand why they sustain frequent TBIs,” Valera says.

Since the abusive incidents are frequently repeated, the women often don’t have time to recover from one TBI before sustaining another.

“So the potential effects are getting compounded,” Valera explains. “To understand the potential consequences, some people might think that we can just extrapolate from other patient populations—but we can’t. The injuries just aren’t comparable."

"The sad part is that I am the only person, as far as I know, who has put women in the scanner for this purpose."

Valera hopes the results of her study will increase awareness of the potential for TBIs in women who have suffered from partner violence, so that police and para-
medics will know to check for these injuries when responding to a violent incident.

This awareness could also give counselors and advocates a better understanding of how TBIs can impair the efforts of women to seek help or leave an abusive relationship.

“Think of somebody who has just sustained a TBI [as the result of domestic violence], and you are telling them what to do: ‘Go to court, get an order of protection, and then do this and that,’” Valera explained. “You would never do that to a regular TBI patient, because you wouldn’t expect him or her to immediately take all that in.”

When the women don’t respond to guidance from police or counselors following IPV, it can result in misplaced assumptions and victim-blaming, Valera explains. “The reality is they are struggling to manage a complex and often dangerous situation with a possible brain injury that no one is acknowledging. These difficulties only get worse with multiple TBIs.”

Valera also notes that her research was conducted in the United States, which is generally considered a “safe” country for women. There are other regions of the world where domestic violence is far more common, and even culturally sanctioned.

“So this is just the tip of the iceberg here. The number of women sustaining unrecognized and unacknowledged TBIs is likely staggering when considering the global population of victims of IPV.”

While the stories of IPV survivors can be grim, and funding for this research has been difficult to secure thus far, Valera is committed to continuing her work.

“It puts things in perspective. If you’re having a bad day, well, it’s not that bad. And it makes me want to fight even harder for change.”

To learn more about supporting Dr. Valera’s work, please contact Lorraine Fanton, Senior Director of Development for Psychiatry.

For more information on Dr. Valera’s work, please visit her website at, https://www.martinos.org/lab/valera
Alumni Corner

Patricia Deldin and Cindy Yee-Bradbury will be president of Professor Greg Miller’s two home organizations at the same time (SPR & SRP respectively)! This says a lot about Greg’s mentoring ability and promotion of women and should be noted.

Regina Langhout has been promoted to full professor.

Sadie Larsen has received two pilot grants: The Feasibility and Effectiveness of a Brief Preventive Intervention following Traumatic Injury, and Working Memory Training for Veterans with Elevated Trauma-related Symptoms.

Matt Lee recently won a prestigious William J. Fulbright scholarship grant to teach courses in cross-cultural psychology and ethnic conflict in Croatia in 2017. He is currently an associate professor of psychology at James Madison University in Harrisonburg, VA. He also recently won the Asian American Journal of Psychology best paper of the year award along with his co-author, former JMU undergraduate student Christina Thai.

On June 3rd 2016, Collin van Uchelen presented a Community Psychology workshop in Ottawa. It’s called ‘The Heart of Belonging: Creating a Sense of Community Where It Matters.’ It’s an interactive workshop, that focused on how to create and sustain a sense of community.

Kudos and Awards

Nicole Allen was named a University Scholar in Fall 2016.

Brett Boeh received Honorable Mention for the Ford Fellowship.

The winner of the Frederick and Ruby Kanfer Award was Konrad Bresin. This award is given each year to a graduate student in the Clinical/Community division whose scholarship and/or service in the field of Clinical/Community psychology best exemplifies the ideal of the late Frederick H. Kanfer: research and scholarship aimed at improving the psychological lives of all individuals.

The winner of the Herman Eisen Award was Michael Niznikiewicz. This award is given to a graduate student in Clinical/Community psychology who exemplifies the spirit and values of Herman Eisen, a professor in the division and who worked actively to develop the resources needed to meet the mental health needs of this community, through her/his commitment and contribution to the practice of psychology. The winner’s name will be placed on a plaque which is kept on permanent display on the third floor of the Psychology Department.

The winner of the Ed Scheiderer Memorial Research Award was Sarah Sperry. This award is given to a graduate student who demonstrates outstanding research or scholarship.

Additional Information: The winner of each of the graduate student awards received a monetary award and was recognized by the division, during the department awards ceremony.
Clin-One Brain Teasers

A man stands on one side of a river, his dog on the other. The man calls his dog, who immediately crosses the river without getting wet and without using a bridge or a boat. How did the dog do it?

A sundial has the fewest moving parts of any timepiece. Which has the most?

Put a coin into an empty bottle and insert a cork into the neck. How can you remove the coin without removing the cork or breaking the bottle?

Two boxers are in a match scheduled for 12 rounds. (Pure boxing only – no kicking, UFC takedowns, or anything else). One of the boxers gets knocked out after only six rounds, yet no man throws a punch. How is this possible?

A man takes his car to a hotel. Upon reaching the hotel, he is immediately declared bankrupt. Why?

Clin-One Brain Teasers Answers

The river was frozen

An hourglass, with thousands of grains of sand.

Push the cork down into the bottle. Then shake the coin out.

Both boxers are female.

The man is playing Monopoly. He lands on a property with a hotel and doesn’t have enough money to pay the rent.

Brainteasers from: http://www.forbes.com

Publications


Presentations


Eckland, N., Leyro, T., Mendes, W.B., & Thompson, R. J. (2017, April) Psychophysiological Responses to Social Stress Predict Other’s Emotional Perceptions. Poster presented at the fourth annual meeting of the Society for Affective Science, Boston, MA.


Internships

Konrad Bresin has been matched with an internship with the University of Wisconsin in Madison, WI.

Wenting Mu has been matched with an internship with Stony Brook University in Stony Brook, NY.

Michael Niznikiewicz has been matched with an internship with the Milwaukee VA Medical Center in Milwaukee, WI.

Rachel Ruben has been matched with an internship with Carle Hospital in Urbana, IL.
The Clinical/Community Psychology Program at the University of Illinois at Urbana-Champaign is a Clinical Science program designed to train scholarly and scientifically oriented researchers and professionals with a variety of interests.

Our program is committed to excellence in scientific clinical training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. Our educational philosophy emphasizes a creative, scholarly, and socially responsible approach to clinical and community psychology. Our mission is to produce graduates who assume leadership roles and contribute to the discipline and to society.

The Department of Psychology at the University of Illinois at Urbana-Champaign has a long-standing reputation for excellence. From its inception in 1904, the department has distinguished itself with outstanding faculty, research programs, and the best and brightest graduate students.

Consistently named one of the top five graduate programs in the country, the department nurtures an environment of collaborative and independent research and outstanding scholarship. The organization of our department, the variety of divisions, and the strength of our faculty allow students the opportunity to explore their interests across the discipline and alongside some of the finest minds in the country.

At the University of Illinois we provide the resources, the network, and the experience for mature young scholars to become committed professionals who make unique contributions to the field of psychology.

Whatever your professional interests and goals, you’ll find an environment of excellence in which to pursue them and a community of dedicated and experienced collaborators to assist you in the Department of Psychology at the University of Illinois.

Alma Mater at the University of Illinois at Urbana-Champaign

We’re on the Web at:
http://www.psychology.illinois.edu/people/divisions/clinical/

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