

## **ANNEX G: TRAUMATIC BRAIN INJURY**

Traumatic Brain Injury (TBI) is major damage commonly resulting from an external force to the head. It is a leading cause of death and disability in young people and adults worldwide. Experiencing several less severe TBIs can result in an accumulated impact similar to one acute injury.

### *Contextual information*

Severe injuries can cause cognitive and developmental difficulties. These include problems with attention, concentration, memory and the ability to plan ahead. Typically, adverse personality changes parade as greater impulsiveness, poorer temper control and diminished social skills.

People most at risk of TBI tend to be males from a low socio-economic status with low education attainments who have a tendency to participate in risky behaviours. They are more likely to be found in vulnerable groups including homeless people, substance abusers, prison populations, people with mental health problems and especially individuals experiencing suicidal tendencies.

Individuals suffering TBI are very often children under 5 and young people between 13 and 22-years old. This has implications for dealing with children and young adults in the parole process.

Sixty percent of adult prisoners and thirty percent of young offenders are found to have had a history of head injury<sup>1</sup>. This far exceeds incidence in the wider population and suggests a direct correlation between TBI and recidivism or incarceration. Because there are links between having suffered a TBI and exhibiting violent and suicidal behaviour, TBI is a significant factor in criminality and poor psychological wellbeing.

### *Maladaptive and criminal consequences*

TBI raises the likelihood of committing crime for both men and women. Injury in childhood and young adulthood seems particularly associated with criminality. Although the actual mechanisms relating TBI to criminal and violent behaviours are not clear, it appears having TBI doubles the risk of perpetrating more serious forms of crime. Its incidence therefore relates directly to levels of offending behaviour and imprisonment. This may be because aggressive behaviour, temper outbursts and levels of disinhibition are neurological consequences which increase as a result of TBI. People with more than one TBI show higher rates of criminality.

Even a moderate TBI can result in cognitive and developmental impairments and difficulties: that is, problems in processing information, social impairments and increased aggression. TBI often occurs alongside other problems like drug misuse and mental health issues.

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<sup>1</sup> Centre for Mental Health "Traumatic Brain Injury and Offending" (July 2016)

People with TBI can find adjusting to institutional life difficult. They are more likely to self-harm, be led into trouble, react with aggressive outbursts and break rules. They may not fully understand the rules and requirements as they can have poorer language and memory skills.

Being in custody presents specific challenges for people with TBI. These can include experiencing problems with memory, planning and managing emotions. Individuals can appear hard to manage in the criminal justice system. Sanctions and punishments will not work as effectively for them.

The effects of TBI can be readily screened for and can be managed in a variety of ways. At core, people with TBI need support and coaching to better manage their feelings and experiences. [Headway](#) provides a key service for support and advice for dealing with the effects of head injury in the UK. [NICE](#) guidance sets the benchmark for assessment, diagnosis and management. References to key documents are provided below.

### *Implications for the parole process*

TBI should be referenced in reports in the parole dossier when it has been identified through initial screening. Further assessments by the establishment's healthcare team should have followed. However, TBI can often remain hidden and under-diagnosed amongst those in custody.

In the parole process where TBI has been identified, an understanding that this condition can affect ability to comply with requirements and community supervision will be an important factor when panels assess compliance and custodial conduct as well when they consider suitability and feasibility of licence conditions.

### *Further information about TBI*

Other aspects of neurological impairment and links to young adults' maturation are outlined in Annex B of this guidance.

Further information is available from these sources:

- The Barrow Cadbury Trust & The Disabilities Trust "Young people with Traumatic Brain Injury in custody" (July 2016):  
<https://www.t2a.org.uk/wp-content/uploads/2016/08/Disabilities-Trust-Foundation-Young-people-with-traumatic-brain-injuries-July-2016.pdf>
- The Brain Injury Rehabilitation Trust (BIRT) website:  
<https://www.thedtgroup.org/brain-injury>
- A review of TBI and the criminal justice system:  
[Repairing Shattered Lives Ver3 Layout 1 \(barrowcadbury.org.uk\)](#)
- Headway as provider of support and advice services concerning head injury: [www.headway.org.uk](http://www.headway.org.uk)
- NICE guidance on assessment, diagnosis and management:  
[Overview | Head injury: assessment and early management | Guidance | NICE](#)