

Brain Injury and the Criminal Legal System

The Centers for Disease Control and Prevention (CDC) recognizes TBI in prisons and jails as an important public health problem.

50-87%

The percentage of people in the Criminal Legal System who have had a TBI. (Compared with 8.5% in the general population)

12 times

People with TBI are twelve times less likely to achieve a discretionary release

100%

Nearly 100% of women in the Criminal Legal System have a history of TBI. (Many from Domestic Violence)

BEST PRACTICE

The Criminal Legal System should:

- SCREEN for prior history of Brain Injury
- ASSESS Cognitive & Functional Impairment
- EDUCATE staff on Brain Injury
- EDUCATE the person about their Brain Injury
- PROVIDE and TEACH Accommodations
- CONNECT person served with Community Resources

COMMON PROBLEMS

After Brain Injury, we often see problems with:

- Attention, memory and new learning
- Slowed speed of processing
- Organization, problem solving & impulsivity
- Irritability, frustration & agitation
- Balance, dizziness & headaches

Poor awareness of deficits & difficulties
Difficulty being flexible, poor self-monitoring

WHAT TO LOOK FOR

Criminal Legal personnel may see:

Looking uninterested because they cannot pay attention
Appearance of defiance because they cannot remember the rules
Slow to follow directions because they cannot process quickly
Getting into fights because of irritability, anger and impulsivity
Falling into things, often getting hurt
Difficulty re-entering community because of cognitive changes
Gets stuck on an idea or a way of doing something, does not recognize mistakes

95% of people in prisons will return to the community. They need social support, a way to be productive, housing, and independence with structure. Watch for mental health warning signs and physical health problems.

Common Accommodations for Brain Injury Challenges

Here are some common and simple accommodations:

Working for shorter periods of time
Getting rid of distractions, like noise or movement
Taking notes (on paper, in a notebook, on a phone or computer)
Using a phone to set timers to remember appointments
Repeating information to the person
Slowing down when talking; giving them more time to respond
Giving the person a list of house rules, written directions, or pictures to help them understand and remember
Coaching the person with the injury to “Stop, think and plan” then act
Coaching the person to take deep breaths when feeling angry or anxious

Tools for Best Practice

Brain Links' Strategies & Accommodations Tool: <https://www.tndisability.org/rehabilitation>

Symptom Questionnaire: <https://mindsourcecolorado.org/adult-symptom-questionnaire/>

Cognitive Strategies Guidebook: <https://mindsourcicolorado.org/wp-content/uploads/2019/05/Strategies-and-Accommodations-Guidebook-CJ-Professionals-5.6.19.pdf>

Brain Injury Screening Resources:

OSU TBI Identification Method: <https://wexnermedical.osu.edu/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

NASHIA's OBISSS: <https://www.nashia.org/obisssprogram>

Tennessee Resources

Brain Links' Website with many resources: <https://www.tndisability.org/brain>

Brain Links' Toolkits (for Service Professionals and Survivors):
<https://www.tndisability.org/brain-toolkits>

TN Department of Health TBI Program:
<https://tinyurl.com/3v5jrdt3>

Tennessee Brighter Futures' Resource Pages & Training for Brain Injury:
<https://www.tndisability.org/tbf-brain-injury>

Resource Pages & Training for Criminal Justice:
<https://www.tndisability.org/tbf-criminal-justice>

TN Brighter Futures is organized and facilitated by Brain Links through a contract from the TN Department of Health TBI Program.

References:

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