MAKING THE LINK

Female Offending and Brain Injury
In the first study of its kind, The Disabilities Trust provided a dedicated service to support the identification and rehabilitation of female offenders with a history of brain injury, in HM Prison Drake Hall. Comprising staff training, the screening of prisoners and provision of 11 support through a Brain Injury Linkworker (BIL), the service took place between 2016 - 2018. This report includes the findings from an independent evaluation of the service conducted by Royal Holloway University of London, prevalence data collected by the Brain Injury Linkworker and service evaluation statistics. The Disabilities Trust would like to thank all the women who shared their experiences with us, the staff at HM Prison Drake Hall and our funders, the Barrow Cadbury Trust and The Pilgrim Trust.

Making the Link

The Disabilities Trust calls for:

- The inclusion of brain injury screening as a routine part of the induction health assessment on entry to prison or probation services
- All prison and probation staff to receive basic brain injury awareness training
- The provision of brain injury support similar to the Brain Injury Linkworker in prisons and probation settings
- Assurance that brain injury support would be aligned with gender-informed practice
- Further research to be conducted to examine the potential effect of brain injury on re-offending behaviour, how effective neurorehabilitation can contribute towards the reduction of recidivism and the role of early intervention approaches.

Key findings from the study:

- **Average no. of injuries per woman**: 1.4
- **Female offenders at HM Prison Drake Hall reported a history indicative of a brain injury**: 62%
- **Sustained Mild First Brain Injury prior to committing their first offence**: 25%
- **Had convictions for violent crimes**: 44%
- **Female offenders reported had a prior mental health diagnosis**: 75%
- **Had been to a HM Prison in the same town**: 47%
- **Had sustained a traumatic brain injury due to domestic violence**: 62%
- **Had been to a HM Prison 5 or more times**: 47%
- **Had convictions for violent crimes**: 44%
- **Had sustained a traumatic brain injury due to domestic violence**: 62%
- **Female offenders at HM Prison Drake Hall reported a history indicative of a brain injury**: 62%
- **Sustained Mild First Brain Injury prior to committing their first offence**: 25%
- **Had convictions for violent crimes**: 44%
- **Female offenders reported had a prior mental health diagnosis**: 75%
- **Had been to a HM Prison in the same town**: 47%
- **Had sustained a traumatic brain injury due to domestic violence**: 62%

Despite being a minority within the criminal justice system (CJS), women are some of the most vulnerable. In addition, a significant number may struggle with the consequences of undiagnosed brain injuries, which cause a wide range of cognitive, behavioural and emotional difficulties that affect them every day. Women with undiagnosed brain injuries, without the provision of specialised and informed support, may struggle to engage in rehabilitation programmes necessary to reduce recidivism, resulting in a higher risk of reoffending.

The Disabilities Trust recognises that many of the milder symptoms of brain injuries can be ‘masked’, but nevertheless do cause behaviours that can be perceived as ‘challenging’ and ‘difficult’ by the CJS.

For example, a female offender with a brain injury might:

- Frequently miss appointments - seen as the individual being avoidant or irresponsible, this may be due to poor memory as a result of a brain injury
- Repeating the same thing over and over again - potentially seen as the individual being rude, this may be due to poor self-awareness
- Say they will do something and yet never get around to it - this may be seen as the individual being manipulative or lazy when this may in fact be due to poor self-awareness

Table 1.1: Prevalence of brain injury

<table>
<thead>
<tr>
<th>Prevalence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>62% Had sustained a traumatic brain injury due to domestic violence</td>
<td></td>
</tr>
<tr>
<td>47% Had been to a HM Prison in the same town</td>
<td></td>
</tr>
<tr>
<td>44% Had sustained a traumatic brain injury due to domestic violence</td>
<td></td>
</tr>
<tr>
<td>75% Had convictions for violent crimes</td>
<td></td>
</tr>
<tr>
<td>25% Had been to a HM Prison 5 or more times</td>
<td></td>
</tr>
<tr>
<td>62% Female offenders at HM Prison Drake Hall reported a history indicative of a brain injury</td>
<td></td>
</tr>
<tr>
<td>25% Sustained Mild First Brain Injury prior to committing their first offence</td>
<td></td>
</tr>
</tbody>
</table>

Despite being a minority within the criminal justice system (CJS), women are some of the most vulnerable. In addition, a significant number may struggle with the consequences of undiagnosed brain injuries, which cause a wide range of cognitive, behavioural and emotional difficulties that affect them every day. Women with undiagnosed brain injuries, without the provision of specialised and informed support, may struggle to engage in rehabilitation programmes necessary to reduce recidivism, resulting in a higher risk of reoffending.
Female Offenders are some of the most vulnerable in the Criminal Justice System¹.

Offending Behaviours

Previous research has shown that a significant number of female offenders experience chaotic lifestyles, with histories of poor mental health, alcohol and drug misuse, approximately half having been victims of physical, sexual or domestic abuse². These factors are important in understanding an individual’s vulnerability to engaging in offending behaviour.

Residivism rates are known to be high for those women who receive short custodial sentences (compared to community orders); 70% of women released from April to June in 2016, following a short custodial sentence (of less than 12 months) re-offended within one year³. Female offending is already a challenging and complex setting and very little work has been done to date to explore the hidden impact of brain injuries, which further exacerbates offending behaviour.

What Are Brain Injuries?

Causes of TBI include:
- Road Traffic Accidents
- Assaults
- Falls

Other causes of brain injury include:
- Encephalitis
- Strokes (cerebrovascular accident or CVA), including brain haemorrhage
- Brain tumour
- Loss of oxygen to the brain (anoxia), often caused by cardiac arrest
- Research has shown that Traumatic Brain Injuries (TBI), in particular those to the front of the head (frontal lobe), can cause a wide range of cognitive and behavioural problems, including:
  - Poor memory (e.g. frequently missing appointments)
  - Lack of concentration, inability to multi-task (becoming distracted during activities and tasks)
  - Slowness to process information or to make decisions (talking about the same thing over and over)
  - Poor impulse control (making inappropriate remarks)
  - Emotional dysregulation (inability to control anger, aggression)
  - Problems sleeping
  - Anxiety and depression
  - Lack of insight, so the person doesn’t realise they have a problem.

Brain Injuries (BI) are acquired either by sustaining a blow to the head (traumatic brain injuries or TBI) or by having an illness which causes injury to the brain.
WHO ARE THE WOMEN WHO OFFEND?

Despite only representing 5% of the prison population, females make up 1/4 of first-time offenders.

Nearly one in five women in prison said their offending had been driven by the need to support their children.

Almost 2/3 of imprisoned women are also mothers to children younger than 18 years.

Who are the women who offend?

MakIng the LInk

“THERE IS LIMITED RESEARCH INVESTIGATING THE PREVALENCE OF BRAIN INJURY AMONGST FEMALE OFFENDERS.”

BRAIN INJURY PREVALENCE AMONGST FEMALE OFFENDERS

Compared to male offenders, there is limited research investigating the prevalence and impact of brain injuries amongst female offenders. Within this limited research, estimates of the prevalence of brain injury vary significantly from 6% to 88%[5].

The Disabilities Trust examined the prevalence of brain injury within HMP/YOI Drake Hall and found that of the 173 female offenders screened, 64% reported a history indicative of a brain injury and of those, 96% reported a history indicative of a traumatic brain injury.

The rate of self-harm in female offenders is nearly 2/5 higher than males.

2/3 of imprisoned women have attempted suicide and between 1/2 and 2/3 have depression.

Compared to male offenders, females that reported a history indicative of a brain injury are 64% higher.
Despite the findings that 64% of women at HM/YOI Drake Hall reported a history indicative of a brain injury, there is currently no mandatory routine screening for brain injury, basic awareness training for staff or dedicated brain injury support within UK prisons. In the first study of its kind, the Disabilities Trust identified and supported women with a history of brain injury at HM/YOI Drake Hall with the provision of a dedicated Brain Injury Linkworker (BIL). Within the study, women with a history of brain injury were identified using the Brain Injury Screening Index (BISI)*, staff received basic brain injury awareness training and the BIL provided specialised and bespoke support, tailored to women’s individual needs and goals.

Following the identification of an individual with a brain injury, personalised and therapeutic interventions to manage the health, cognitive, behavioural and emotional consequences of brain injury were offered by a BIL. The core team comprised of a Consultant Clinical Neuropsychologist, a Project Manager and a BIL who provided one-to-one support. The interventions included:

- Education about brain injury and its effects
- Cognitive strategies involving functional compensatory aids (e.g. a diary to support memory difficulties and structured planners to support problems with executive functioning**)
- Behavioural management plans and guidelines
- Support provided with psychological approaches to better manage emotional regulation
- As part of a wider remit, the BIL also provided information and supported referrals to other services for further assessment or treatment.

"I WAS BECOMING VERY ANXIOUS ABOUT THESE PROBLEMS THAT I WAS SEEING... NOT REMEMBERING THE NAMES OF THE PEOPLE I’D SPOKEN TO OR NOT BEING able to EXPRESS MYSELF PROPERLY ‘CAUSE I’M FORGETTING WHAT I’M SAYING.” (Sarah*)

"WHEN I WAS COUNTING SCREWS UP IN [WORK AREA], I HAD TO COUNT THEM LIKE THREE TIMES... IT GETS ME VERY STRESSED CAUSE LIKE WHEN PEOPLE TELL ME TO SAY ‘OH HELEN, GO TELL THIS PERSON’ TWO WEEKS LATER I’M LIKE... FORGETTING IT...” (Helen*)

**executive functioning, also known as executive control or cognitive control, refers to the mental processes involved in day-to-day tasks, such as: planning, flexible thinking, multi-tasking, self-awareness, learning new rules, making decisions and motivation.

During the delivery of the Brain Injury Linkworker Service (from 2016 – 2018) we found:

- Of 100 women who reported 137 incidents of TBI:

  - Of the women reported they had sustained a TBI due to domestic violence 62% (*at assessment*)
  - Had offences for violence 44% (*at assessment*)
  - Reported binge/alcohol abuse 67% (*at assessment*)
  - Had their first injury at 36 years old 24% (*at assessment*)
  - Of TBIs were caused by road traffic accidents 29% (*at assessment*)
  - 13 incidents (*at service discharge*)
  - The average sentence time remaining at the point of assessment was 21 months
  - Of women referred to a specialist health diagnosis 75% (*at assessment*)
  - 196 Reports of severe blows to the head (*at assessment*)
  - 63 Average no of days supported by the Linkworker (*at assessment*)

Incidents of severe anxiety dropped from:

- 96% to 62% (*at service discharge*)

Severe and moderately severe depression dropped from:

- 44% to 25% (*at service discharge*)

"I WAS IN A [RELATIONSHIP INVOLVING] DOMESTIC ABUSE FOR FOUR YEARS... HE BEAT ME BAD, BAD BAD... MY HEAD’S GOTT; IT’S LIKE A PATCHWORK QUILT UNDER ALL THERE – AND I WAS JUST KNOCkED OUT UNCONSCIOUS LOADS OF TIMES, SO MANY TIMES...” (Wendy*)

The Brain Injury Screening Index (BISI®) is a screening tool developed and validated by The Disabilities Trust to help identify people with a history of brain injury.

* The brain injury screening index (BISI®) is a screening tool developed and validated by The Disabilities Trust to help identify people with a history of brain injury. The Disorders Trust supports people with physical disabilities and related health problems to maximise their quality of life. The Disorders Trust provides a range of services including, brain injury support, in the community and in prison, awareness days and training, a hospital liaison service, helping people and families to navigate services and advice and information. The Disorders Trust works closely with other national, regional and local organisations to share information and learning and to influence policy and practice. For more information, visit www.disabilities-trust.org.uk. This case study is based on one case study from the research and is an anonymous case study, any names, places, dates or organisations have been changed to protect the identity of individuals involved. The Disorders Trust is grateful to the women involved for their contribution to this research. The Disorders Trust would like to thank the staff at HM/YOI Drake Hall for their support and the women involved in the research for their willingness to share their experiences.

** Executive functioning is a set of skills that is critical to functioning well in day-to-day life. It refers to the ability to plan, organise, monitor, and self-regulate one’s thoughts and behaviour. It is made up of several components, including cognitive flexibility, working memory, inhibitory control, and emotional regulation. These are all important skills that help individuals adapt to changing situations, solve problems, and manage their emotions.”
“She showed me ways of remembering things like writing things down, having a notepad all the time…” (Eve)

“She’s changed my life here. This sentence has been a lot easier cause of [the linkworker]… I was seeing her… once a week, and it was like my life line. Sometimes I couldn’t wait to see her… you’ve just a way of talking to someone that believes you for starters and someone that wants to listen to you cause you don’t get that in prison you talk to an officer who think you’re just a number, but she was my life line... by the time it got to me seeing her I was a wreck, but then an hour with her and she’d sort of brings me back down... every time I see her now, I’m just always so pleased.” (Wendy)

“I did get a lot of help and I did start feeling better... and I was managing to cope a bit more. I felt more confident after seeing her, and more positive.” (Sarah)

“She helped me to create a weekly chart to remember my appointments and when to call home to speak to my mum…” (Olivia)

“The linkworker gave me… a letter for what she sent around to all the... staff... they all know now so, they’re loads better with me.” (Daisy)

Making the Link

The findings of the Royal Holloway, University London, independent evaluation[7] detail how the support of the BIL improved the women’s mood and self-esteem, as well as enhancing their confidence and positivity. The evaluation also found that the service seemed to support women’s engagement in their sentence plan, offered practical guidance for staff working with women with a brain injury, and alleviated pressure from other service provisions (e.g. mental health).

“Although basic brain injury training was well received, staff did report the need for more in-depth training: “I believe so because it enlightens, we’re not experts in any of this... we’re not medically trained... whereas [the linkworker] knows what to look for. We don’t have mental awareness, we have dementia awareness, we have trauma informed awareness, we have brain injury ‘awareness’, we have lots of awarenesses’ – but we’re not trained in any of them and that makes it difficult to identify unless the lady tells us.” (Hannah)
MALE OFFENDERS AND TRAUMATIC BRAIN INJURY

In the largest study in the UK examining the prevalence of TBI in adult male prisoners, the Disabilities Trust found that 47% of 403 male prisoners screened at HMP Leeds reported a significant history indicative of a brain injury. In a second study, the neuropsychological test results of 139 prisoners with a history of brain injury were compared with a group of 50 prisoners without a history of brain injury.

Those prisoners with a history of brain injury showed higher rates of:
- aggression
- apathy
- memory problems
- disinhibition and higher levels of anxiety and depression
- alongside their reduced executive functioning

These studies have further demonstrated the significant prevalence of brain injury within the CJS and the resulting emotional, behavioural and cognitive sequelae of such neuro-disabilities. These deficits may impact upon an individual’s ability to engage in offence-related rehabilitation programmes and as such contribute to patterns of re-offending.

CONCLUSIONS

Female offenders are some of the most vulnerable individuals within the criminal justice system. Compared to male prisoners, they are twice as likely to report anxiety and depression, with heightened incidences of self-harm, histories of domestic violence and abuse. Within this already disadvantaged group, the need to proactively identify and support women who have a history of brain injury becomes evident: Despite this, awareness and treatment for brain injury is not routinely available within UK prisons and female offenders continue to struggle with the often-unknown emotional, behaviour and cognitive consequences of brain injury, all of which may contribute to reoffending behaviour and difficulty with engaging in offence-focused rehabilitation programmes.

Within the Female Offenders Strategy (2018), the Government emphasised the need for specialised, gender-informed services to assist in supporting women to lead fulfilling lives outside of prison. The BIL service aims to promote the physical and mental health well-being of prisoners across the CJS and to ensure the needs of those with brain injuries are recognised and their voices heard.
“I think it definitely raised awareness... that there are women in here with brain injuries... nobody knew about it before... nobody knew what they meant for a woman and what kind of things they need, so I definitely think that having somebody in here helped us a lot and put an awareness out there really.” (Jennifer)

References


[6] The names of the women featured in the quotes in this document, are not their real names and are taken from the independent evaluation conducted by Royal Holloway, University of London.


The Disabilities Trust is a leading national charity, providing innovative services, rehabilitation and support solutions for people with profound physical impairments, acquired brain injury and learning disabilities as well as children and adults with autism. The Foundation is the division within the Trust that aims to make a difference to the lives of those who are unable to access our core services. The Foundation enables the Trust to share its expertise and knowledge through research and the piloting of new ideas. Our project work is designed to initiate and enhance good practice and direct or influence policy within our areas of expertise - brain injury, learning disabilities, autism and physical disabilities.

For more information please contact:

01444 244978
foundation@thedtgroup.org
The Disabilities Trust, First Floor, 32 Market Place, Burgess Hill, West Sussex, RH15 9NP

Project funded by:

Independent Evaluation performed by: