

TRAUMATIC BRAIN INJURY**AND THE U.S. CRIMINAL JUSTICE SYSTEM****The Problem**

An estimated 1.7 million traumatic brain injuries (TBI) occur in the United States annually.¹ While the exact prevalence of TBI is not known at this time, estimates have been published suggesting that more than 3.2 million Americans need long-term help to perform basic activities of daily life due to TBI.² This injury, which costs the nation more than \$60 billion a year,³ may be caused by a jolt to the head or a penetrating head wound and can lead to life-long memory deficits, job loss, and other problems.⁴ Research shows that veterans,⁵ children,¹ individuals with a history of drug and alcohol abuse,⁶ and other groups⁷ have a higher than average risk of experiencing TBI.

A Federal Response

In 1996, Congress established the Federal TBI Program, operated by the Health Resources and Services Administration (HRSA). The Program awards two types of grants to agencies in States and Territories: Implementation Partnership Grants and Protection and Advocacy Grants. Implementation Partnership Grants help to ensure access to appropriate care and services for individuals with TBI and their families. Protection and Advocacy Grants support advocacy training and legal services for individuals with TBI and their families.

TBI in the Criminal Justice System

The overall estimate of TBI prevalence in the adult offender population is approximately 60%.⁸ Unlike certain infectious diseases, like HIV, hepatitis and TB, screening at intake or within correctional facilities for TBI is not a routine standard of care. Even if TBI is identified, inmates often lack access to care and services that would help them manage symptoms and successfully re-enter society.

Inmates with TBI may experience:

- Ongoing symptoms which can lead to disciplinary and other problems during incarceration.⁹
- Memory and attention deficits—two common symptoms of TBI—that often lead to behavior viewed as defiance or laziness.⁹
- Irritability, impulsivity or anger—which can lead to aggressive behavior/punishment and the risk of subsequent head injuries.¹¹
- Mental health problems, such as severe depression, anxiety, and suicidal thoughts.¹⁰

**States Taking Action: Partner With Us**

Many with TBI in the criminal justice system encounter barriers that make it hard to access much-needed services and supports for a brain injury. These barriers may result from not having a proper diagnosis of TBI, or not receiving proper education about TBI, its causes, effects and recovery. Fortunately, many States now have strategies in place designed to address such barriers.

To help improve TBI diagnosis and treatment and access to services and supports, HRSA grantees are partnering with criminal justice systems, health departments, tribal governments, military courts, mental health agencies, and others who provide services to or work with individuals in the criminal justice system.

These partners are working together to:

- Set up screening programs before and during incarceration to better identify individuals with TBI.
- Provide training programs for criminal justice system personnel to raise awareness of TBI symptoms and help them respond to inmates in an appropriate manner.
- Educate inmates about the symptoms and treatment of TBI and how to manage cognitive, behavioral, and emotional symptoms.
- Provide advocacy training, information, referral services, and legal help for individuals with TBI in the criminal justice system and their families.
- Help inmates with TBI get counseling and other care they need upon release.
- Develop TBI-sensitive curricula to help juveniles in the criminal justice system learn more effectively while attending school.



The Minnesota Department of Human Services and the Minnesota Department of Health used a HRSA grant to implement a state-wide screening process to identify inmates living with TBI—the first of its kind in the country. The program uses an online training program and Minnesota-based psychologists to manage replication across the State.

The Texas Health and Human Services Commission, a HRSA grantee, developed a pilot screening program for children in the juvenile justice system. Children with TBI will be connected to clinics that help with behavior management.

Through a HRSA grant, the Virginia Department of Rehabilitative Services and its subcontractor Virginia Commonwealth University are developing a training manual with the Virginia Department of Juvenile Justice staff to help its personnel address TBI within the system.

For more information about these State grants or for a full list of State TBI programs, visit: <http://www.hrsa.gov/gethealthcare/conditions/traumaticbraininjury/stategrantees.html>

TBI in the Juvenile Justice System

Traumatic Brain Injury (TBI) is reported at higher rates among children and teens who have been convicted of a crime. TBI may go undiagnosed in this population or may even be misdiagnosed as a learning disability or a related condition. Sometimes a child or teen will become involved in criminal behavior after they sustain a TBI. This is not because all individuals with TBI engage in criminal acts, but rather because TBI symptoms—such as cognitive impairment, memory loss, attention deficits or impulsivity—can lead to poor grades, aggressive behavior, and, in some cases, delinquent behavior.¹¹

However, with appropriate services and supports, children and teens with TBI can break the cycle of repeat offenses, allowing them a greater chance to succeed in school and later in life.

For More Information

For information about how to partner with the Federal TBI Program and contacts in your State, please visit <http://www.hrsa.gov/gethealthcare/conditions/traumaticbraininjury>, or call the HRSA TBI Technical Assistance Center at 877-253-2087.

For more information about TBI in the U.S. criminal justice system, see:

- “Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem” (http://www.cdc.gov/traumaticbraininjury/pdf/Prisoner_TBI_Prof-a.pdf)
- “Traumatic Brain Injury: A Guide for Criminal Justice Professionals” (http://www.tbiwashington.org/professionals/documents/Prisoner_Crim_Justice_Prof.pdf)

References

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³ Finkelstein E, Corso P, Miller T. The incidence and economic burden of injuries in the United States. New York, NY. Oxford University Press, 2006.

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⁶ Center for Substance Abuse Treatment. Treating Clients With Traumatic Brain Injury. *Substance Abuse Treatment Advisory*, 2010: 9(2).

⁷ Rutland-Brown W, Wallace LJD, Faul MD, Langlois JA. Traumatic Brain Injury Hospitalizations Among American Indians/Alaska Natives. *Journal of Head Trauma Rehabilitation*, 2005; 20(3): 205-214.

⁸ Shiroma, EJ, Ferguson, P, Pickelsimer, E. Prevalence of TBI in an Offender Population: A Meta-Analysis. *Journal of Correctional Health*, 2010; 16(2): 147-159.

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¹¹ León-Carrión J, Ramos, FJ. Blows to the head during development can predispose to violent criminal behavior: Rehabilitation of consequences of head injury is a measure for crime prevention. *Brain Injury*, 2003; 17(3): 207-16.