

Brain Injury and the Juvenile Justice System

Justice-involved youth with a traumatic brain injury (TBI) have more psychiatric distress, an earlier start to criminal behavior, earlier substance abuse, more lifetime substance use and suicidality.

67%

As high as 67% of detained youth have a history of brain injury.
The brain injury occurred before the criminal offense in the majority.

3.38 times

Juvenile offenders are almost 3.4 times more likely to have a TBI than non-justice involved youth.

69%

With a TBI, they have a 69% higher chance of re-offending.

Best Practices

The Juvenile Justice 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

Juvenile Justice 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 in school or holding a job
Vulnerability to being exploited by others
Cannot express themselves, becoming frustrated, then aggressive

Many studies have shown that while youth crime is a growing international concern, harsh sentences and punitive approaches increase the chances that youth will re-offend.

-Coalition for Juvenile Justice

Common Accommodations for Brain Injury Challenges

Here are some common and simple accommodations:

Working for shorter periods of time
Getting rid of distractions around you, 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://mindsourcecolorado.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/obissprogram>

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/3v5jrtd3>

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

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

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