



the brain injury association

# Understanding Acquired Brain Injury in the criminal justice system

## A guide for prison staff

---

This publication has been written to educate prison services on recognising, understanding and supporting people with a brain injury within the criminal justice system. It has been published as part of Headway's Justice Project.

A similar guide has been produced by Headway for those working with brain injury survivors in probation settings.

For more guidance on how Headway supports brain injury survivors within the criminal justice system and those working with them, visit our website at [www.headway.org.uk](http://www.headway.org.uk).

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

# Understanding Acquired Brain Injury in the criminal justice system

## A guide for prison staff



the brain injury association

### Contents

Introduction .....	3
Overview on Acquired Brain Injury (ABI) .....	4
What is ABI? .....	4
Types of ABI .....	4
Effects of ABI .....	6
Acquired Brain Injury (ABI) in criminal justice settings .....	7
Facts and figures .....	7
Recognising ABI in prison settings .....	7
What to do if you suspect ABI in prison settings .....	8
Strategies for coping with common effects in prison settings .....	9
Insight and awareness issues .....	9
Executive dysfunction .....	11
Memory problems .....	12
Anger and aggression .....	14
Fatigue .....	15
Communication problems .....	16
Anxiety and depression .....	18
Recognising and protecting prisoners vulnerable to manipulation .....	19
Headway's Justice Programme .....	22
Reflective activity .....	24
Support Headway .....	26

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

## Introduction

**Every 90 seconds, someone in the UK is admitted to hospital with an acquired brain injury (ABI).**

An ABI can be a life-changing condition, affecting a person's memory, emotions, decision making and behaviour. In some cases, these changes can cause a person to come into contact with the criminal justice system.

Research suggests that over half of the prison population comprises people who have a history of ABI. Offending behaviours and ABI are also risk factors to one another: offending behaviour can cause people to sustain ABIs, while the effects of ABI can cause people to engage in offending behaviours.

As a professional within the prison system, you are therefore likely to encounter individuals with ABI. Often referred to as a 'hidden disability', ABIs can be misunderstood and difficult to detect to their often non-visible effects.

**Consider the implications:** the consequences of ABI can severely hinder an individual's ability to adapt to prison life, engage with rehabilitation programs, and successfully reintegrate into the community. Without adequate support, individuals with brain injuries face a higher risk of re-offending, perpetuating a challenging cycle.

### **This publication can help you to...**

- **Understand** what an ABI is and what are the potential causes;
- **Recognise** the significant impact of ABI on those in prison;
- **Develop** the ability to make sensitive decisions, knowing the impact that ABI can have on somebody in prison;
- **Implement** effective ways to support individuals with ABI or suspected ABI in prison.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)



A similar guide for probation staff has been produced by Headway. To access this guide, or for more information on how Headway can support those with ABI within the criminal justice system or those working with them, contact Headway's Justice Project Manager at [justiceproject@headway.org.uk](mailto:justiceproject@headway.org.uk).

The Headway helpline is also available to offer information on various aspects of brain injury, available on **0808 800 2244** or [helpline@headway.org.uk](mailto:helpline@headway.org.uk).

---

## Overview on Acquired Brain Injury (ABI)

### What is ABI?

The brain controls everything we do, from essential functions like regulating temperature, breathing and eating, to complex processes such as thinking, remembering and processing emotions. An injury to the brain can disrupt any of these abilities, leading to various impairments.

An ABI is **any injury sustained to the brain since birth**. This includes injuries sustained by accidents, disease or medical complications. ABIs can affect anyone regardless of age, gender or background, making it a widespread and significant public health issue.

ABIs do not include developmental or degenerative conditions, and they are not the same as mental health conditions (although people with ABI can develop mental health conditions and vice versa).

### Types of ABI

There are many types of ABI. Some of the most common types are described in the table below.

<b>Traumatic brain injury (TBI)</b>	An injury to the brain as a result of an external force to the head, for instance through an accident or assault. The most common causes of TBI include falls, road traffic collisions and...
-------------------------------------	---

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)



<p><b>Traumatic brain injury (TBI) continued...</b></p>	<p>... assaults, such as one punch attacks or intimate partner violent. TBIs can be mild, moderate or severe. Most TBIs are classified as mild. However despite being 'mild', these injuries can still lead to significant effects, and, in some cases, long-term issues known as post-concussion syndrome.</p>
<p><b>Stroke</b></p>	<p>A life-threatening medical condition that happens when the blood supply to the brain is disrupted. Strokes can be ischemic (blockage of blood vessel) or haemorrhagic (burst blood vessel causing bleeding in or around the brain).</p>
<p><b>Brain aneurysm</b></p>	<p>A swelling in the wall of a weakened blood vessel in the brain, resembling a blister.</p>
<p><b>Brain haemorrhage</b></p>	<p>Bleeding in or around the brain either as a result of a ruptured brain aneurysm or following a significant knock to the head.</p>
<p><b>Brain tumour</b></p>	<p>An abnormal mass of tissue inside the skull, which is caused by cells dividing at an increased speed.</p>
<p><b>Meningitis</b></p>	<p>A bacterial, viral or fungal infection that causes inflammation of the protective membranes that line the brain (the meninges).</p>
<p><b>Encephalitis</b></p>	<p>An inflammation of the brain, most often caused by infections.</p>
<p><b>Hypoxia/anoxia</b></p>	<p>A disruption to the supply of oxygen to the brain.</p>

**Helpline:** 0808 800 2244  
**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)  
**Web:** [www.headway.org.uk](http://www.headway.org.uk)

<b>Hydrocephalus</b>	A build up of fluid inside the skull, which can increase pressure and cause damage to the brain.
<b>Carbon monoxide poisoning</b>	A reduction in the amount of oxygen reaching the brain due to carbon monoxide taking up space on red blood cells.

## Effects of ABI

No two brain injuries are exactly the same. The impact of a brain injury will depend on factors such as injury severity, location, individual differences and the timing and type of treatment.

The effects of brain injury vary greatly from person to person, and can also fluctuate over time. They are wide ranging, and generally grouped into the following categories:

- *Physical effects:* including mobility problems, fatigue, headaches, dizziness and balance problems, hormonal imbalances, weakness or paralysis, speech problems, epilepsy, visual impairment, loss or altered sense of taste and/or smell, sexual dysfunction.
- *Cognitive effects:* including problems with attention and concentration, decision making, memory, information processing, motivation, multi-tasking, flexible thinking, understanding language, reasoning and insight.
- *Emotional and behavioural effects:* including anxiety and depression, irritability and problems with managing anger, disinhibition, impulsiveness, emotional lability, egocentricity, post-traumatic stress disorder.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)



You can find out more about the effects of brain injury on our website at [www.headway.org.uk](http://www.headway.org.uk).

---

## Acquired Brain Injury (ABI) in criminal justice settings

### Facts and figures

Each year, around 350,000 people are admitted to hospital in the UK with an ABI, with approximately 2.6 million people living with a disability as a result of traumatic brain injury (TBI) and stroke alone.

Research suggests that around 60% of the prison and probation population have a history of TBI, often involving multiple injuries, which evidence shows to have a cumulative impact. Rates have also been found to be high in the female prison/probation population, with many women sustaining their injuries through intimate partner violence.

### Recognising ABI in prison settings

Understanding and identifying ABIs is not just crucial, but it empowers us to provide appropriate support and intervention, particularly within the criminal justice system. By recognising the signs and symptoms, professionals play a pivotal role in assisting individuals affected by brain injuries, helping them to rehabilitate and reintegrate into society.

Indicators that may suggest a history of brain injury include:

- Self-reported or documented case history of falls, accidents, physical altercations, combat or contact sport participation, domestic abuse or previous suicide attempt.
- Self-reported or observed behavioural signs such as fatigue, mood changes, memory problems, irritation or aggression, reduced inhibition, or difficulties with processing information.
- Medical records containing a brain injury diagnosis, such as reports from

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

GPs, neurologists or neuropsychologists, or hospital discharge records.

- Brain scan results indicating a brain injury.

It is important to note that not everyone with a brain injury will have undergone a brain scan or visited a professional, for instance if the injury occurred during illegal activities such as gang-related violence or a road traffic collision involving vehicle theft, drugs or alcohol.

Furthermore, in the criminal justice system, it is crucial to recognise that individuals may not always disclose their brain injury or be able to articulate details of their injury. This could be due to:

- lack of recollection of the incident (a genuine memory impairment, not due to being uncooperative);
- unawareness of the injury's impact, either from impaired insight or lack of understanding that the injury is a type of brain injury;
- reluctance to disclose details;
- awareness of potential judgement.

In these cases, report from family and friends can provide valuable insights, as they may have witnessed the injury or observed its effects on the individual. Their input should be taken seriously.

### **What to do if you suspect ABI in prison settings**

1. *Consult with the individual.* If appropriate, discuss with the person you are supporting about accessing the prison doctor, nurse or mental health facility. This can be requested through a medical application.
2. *Include in reports.* If you have concerns about the person's health, including a known or suspected brain injury, ensure this information is included in a prison offender manager's report.
3. *Seek additional support.* The Headway helpline welcomes calls from those directly affected by brain injury, family members, friends and staff supporting

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)





survivors. They can provide advice on the effects of brain injury, ways to help, and information about relevant local services and support. The helpline is available on 0808 800 2244 or [helpline@headway.org.uk](mailto:helpline@headway.org.uk).

4. *Use screening tools.* Utilise the [Brainkind BISI](#), the Brain Injury Screening Index developed by Brainkind. This validated screening tool can be used in prison, probation, community and rehabilitation settings to help to identify individuals with a brain injury. Note that BISI is not a diagnostic tool and is designed for use by practitioners at all levels.

---

## Strategies for coping with common effects of ABI in prison settings

In this section, we will address some common effects of ABI and provide basic strategies to help you support the individuals you work with. Further information on other effects of brain injury and support strategies can be found in our free-to-download publications, available from our [Headway Information Library](#).

### Insight and awareness issues

A brain injury can impair a survivor's ability to observe and reflect on their thoughts and actions. This often leads to unawareness of the impact of their injury, which may include being unable to acknowledge the injury or its effects. This lack of self-awareness is not denial or the person being cooperative, it is a genuine cognitive impairment.

Lacking insight can result in:

- *Argumentative behaviour:* survivors might appear uncooperative or argumentative, especially when questioned about their injury or behaviour.
- *Distress and confusion:* some survivors may become distressed, struggling to understand restrictions or questions about their behaviour.
- *Vulnerability and legal protection:* those with severely reduced insight may

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

be deemed vulnerable and lacking capacity. The Mental Capacity Act (2005) and the Mental Health Act (2007) provide frameworks for making decisions in the best interests of these individuals.

### Perspective from prison staff

“Michael is always antagonising other prisoners with his inappropriate comments. I tell him regularly what’s expected of him and we’ve tried working on some strategies but he constantly tells us there’s nothing wrong and that it’s everyone else that needs to change.”

### Tips for managing insight and awareness issues

- **Use visual aids:** notes, feedback, or questions in written or video form can help with directing the survivor to recognising their own behaviour or performance.
- **Explain reasons for intervening:** relate the survivor’s activity to goals and explain why intervention is necessary.
- **Avoid confrontation:** avoid aggressively confronting or challenging the survivor if they are struggling to understand information due to insight and awareness issues. Instead, use clear, direct and gentle language and stay calm.
- **Provide time to calm down:** if the survivor becomes distressed, tired or agitated, give them time to calm down before resuming the discussion. If possible, offer to return to information another time.
- **Offer constructive feedback:** provide positive feedback when the survivor follows instructions or manages their behaviour well.
- **Monitor for risks:** be aware of any risks the survivor’s lack of insight may pose to themselves or others, for example, not recognising inappropriate or offensive behaviour can lead to conflicts.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

## Executive dysfunction

Executive dysfunction refers to the impairment of a range of cognitive skills that allow us to complete tasks, such as planning and organising, flexible thinking, decision making, problem solving, self-monitoring, motivation, multitasking and goal setting.

These forms of cognitive impairment can affect behaviour in the following ways:

- *Antisocial behaviour* - individuals may display inappropriate behaviours such as not respecting personal boundaries, becoming aggressive or using offensive language.
- *Impulsivity* - this refers to acting or speaking without fully thinking through the possible outcomes, making individuals vulnerable to being easily led astray and exploited.
- *Low motivation* - problems with initiating activity may be mistaken for laziness or disinterest, leading to perceptions of uncooperativeness.
- *Problems with concentration* - struggling to follow conversations and needing clarification, especially if there are problems with retaining information.
- *Emotional control* - difficulty managing emotions may lead to outbursts of anger or crying, especially under stressful conditions.

### Perspective from prison staff

“During group activities, Catherine can be quite disruptive. Her mind appears to wander and she often needs further assistance and direction to help her participate. It can be quite hard for the others in the group as sometimes she gets frustrated and becomes tearful or angry.”

## Tips for managing executive dysfunction

- **Straightforward communication** - provide information in plain language and offer alternative forms such as audio or visual aids (posters, notes) where available.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

- **Repetition** - repeat and go over information and instructions slowly and methodically with the survivor.
- **Calm environment** - if the survivor becomes emotional, tired or agitated, give them time to calm down, and, if possible, return to the discussion later.
- **Confirmation of understanding** - ask the survivor to confirm they have understood the information or to repeat it in their own words.
- **Behavioural reinforcement** - gently reinforce and remind the survivor about their behaviour if it becomes inappropriate.
- **Distraction-free environment** - allow the survivor to work in an environment free from distractions such as their own cell to help them concentrate.

## Memory problems

Brain injury often affects memory because several structures within the brain are involved in processing memories. Injury to any of these areas can impair memory performance, making memory problems one of the most common effects of brain injury.

### *Types of memory affected*

- **Old vs new memories** - different types of memory can be affected. A person might remember events from years ago but struggle with recent memories, because old memories are stored differently in the brain than new ones.
- **Short-term memory** - survivors with short-term memory issues might forget recent activities, instructions or new people they have met. They might also need help with remembering appointments or tasks.

**Long-term memory** - long-term memory loss can result in forgetting significant events, such as the incident that caused a brain injury, weddings or the birth of a child. People with this condition may also struggle to remember familiar people, including partners, family members and friends.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

### *Memory confabulation*

Survivors may confabulate, recall false memories, distort the context of actual events, or fill memory gaps with incorrect information. They often believe these memories are true and do not attempt to deceive others.

### *Impact of memory problems*

- Emotional effects - being unable to recall memories, especially personal ones, can be distressing and frustrating for survivors. Even when reminders are given, a memory might be lost entirely, and this can be unsettling or upsetting.
- Challenges for caregivers - memory difficulties can also be frustrating for those working with and supporting a survivor. Patience and calmness are essential, as irritation can exacerbate the situation and lead to panic or anger.

### **Perspective from prison staff**

“I’ve been working with Ahmed as his key worker since he arrived here. I’ll often have a meeting with him and he will have completely forgotten what we spoke about the last time I saw him, even if it was only a few days ago. It’s hard to set goals when he struggles to remember our conversations and what he should be doing.”

### **Tips for managing memory problems**

- **Avoid leading questions** - if the survivor cannot remember something, avoid asking leading questions as they may agree with the version presented if they cannot recall information themselves.
- **Provide written material** - offer written materials that the survivor can refer to or take away, helping them to recall information later.
- **Provide external aids** - provide or allow external aids such as notebooks,

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)



diaries, calendars and tape recorders. These tools can help prompt information that cannot be recalled from memory.

- **Repeat information** - be prepared to repeat information multiple times, even if it has only been presented a few minutes, hours or days ago.
- **Minimise distractions** - to help the survivor concentrate, ensure the environment is as free from distractions (such as background noise) as possible.

## Anger and aggression

Irritability and anger may be experienced after brain injury, either as a result of damage to parts of the brain that control emotion or due to living with and becoming frustrated with the effects of brain injury. Irritability can build up into anger, potentially leading to aggressive behaviour.

In rare cases, aggression can occur with little or no trigger - this should be adequately investigated, as it may be diagnosed as 'episodic dyscontrol syndrome', which can require medical treatment.

### Perspective from prison staff

"I had to tell Esther that her visit had to be rescheduled. That didn't go down well. She started shouting and screaming. I couldn't reason with her and my attempts at calming her failed. I had to leave her cell and let her cool off."

## Tips for managing anger and aggression

**Recognising signs of anger** - it is crucial to be vigilant and recognise signs that a survivor's anger is building, such as changes in body language, tone of voice, and words. If they appear to be getting angry, give them time to calm down, encourage them to move away from an anger trigger, and suggest they do deep breathing exercises.

- **Identify triggers** - try to identify triggers of their anger, such as noise, bright

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

lights, background distractions, or emotive subjects. The survivor themselves may be able to tell you what triggers their anger if they are aware of this.

- **Avoid confrontation** - avoid being confrontational. Remain calm and remember that their anger may be a result of their brain injury, not something personal against you.
- **Deep breathing and relaxation techniques** - encourage the survivor to practice deep breathing or other relaxation techniques when they start to feel angry.
- **Discuss and plan** - when the survivor is calm, discuss their anger triggers and develop a plan to manage these triggers effectively.

## Fatigue

Fatigue after a brain injury is more than just feeling tired. It is an overwhelming and often debilitating exhaustion that often prevents people from completing regular activities.

### *Features of fatigue*

- *Intensity* - people may describe fatigue as feeling exhausted, lacking energy, weak, unmotivated or sleepy.
- *Worsening symptoms* - fatigue can exacerbate other difficulties associated with brain injury, such as forgetfulness, irritability, slurred speech or dizziness.
- *Triggers* - regular activities or cognitively demanding situations (e.g. thinking hard, concentrating, being in a busy environment, dealing with paperwork) can trigger fatigue.
- *Fluctuation* - like many effects of brain injury, fatigue can fluctuate. Someone may manage fine one day but experience debilitating fatigue the next.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

- *Post-activity* - fatigue can be particularly pronounced following periods of intense activity or concentration.

### Perspective from prison staff

“I’m a teacher in the prison and I can see one of my students start to flag after half an hour or so of concentrating. Sometimes he has to take a number of short breaks in our sessions. He regularly comments on how knackered he feels and I can see him start to get frustrated when he struggles on certain tasks.”

### Tips for managing fatigue

- **Allow for rest** - at the first signs of fatigue (yawning, struggling to concentrate, making mistakes, slow responses, heavy eyes), allow the survivor time to rest for instance in their own cell. Trying to push through this tiredness will only worsen their condition and hinder engagement.
- **Optimal timing** - encourage the survivor to build a solid routine in prison, which may help them to identify common times of fatigue. This may then enable them to plan education and exercise sessions around this.
- **Pacing activities** - encourage the survivor to pace any activities to avoid ‘burning out’. This means planning tasks in manageable segments and allowing adequate rest.

### Communication problems

Communication problems following a brain injury can be complex and multifaceted. They can stem from physical difficulties, cognitive impairments or a combination of both. Understanding and addressing these challenges is crucial for effective support and rehabilitation.

#### *Types of communication problems*

- *Speech production and articulation* - the survivor may have difficulty

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)



pronouncing words clearly or may only be able to speak in short, simple sentences. Repetition of words or phrases is also common.

- *Word selection* - there may be struggles with selecting appropriate words, leading to speech that is jumbled or lacks meaning.
- *Speech comprehension* - the survivor may need help understanding what is being said, particularly with specific or unfamiliar words, complex sentences, or, in rare cases, all written or spoken words.
- *Attention and processing* - problems paying attention and processing information can impair the survivor's ability to keep up with a conversation or remember critical details.
- *Memory issues* - difficulties with short-term memory can lead to challenges in following and participating in conversations.
- *Information overload* - overloading the survivor with information can cause confusion or fatigue, exacerbating other effects of the brain injury.

Being unable to articulate oneself can cause feelings of frustration and distress, which can affect their overall well-being and interactions.

### Perspective from prison staff

“Sasha gets irritated when we struggle to understand her but sometimes it’s hard as she doesn’t always use the right words. Last week, she asked for “a cool pool” which we figured out after some hand gesturing meant a phone call.”

### Tips for managing communication problems

- **Encourage slow speech:** encourage the survivor to speak slowly and to ask for repetition if they do not understand something.
- **Use simple sentences:** use clear, simple sentences if the survivor struggles to understand complex ones.
- **Offer alternative communication methods:** ask if the survivor prefers a

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

different form of communication, such as written or verbal instructions.

- **Avoid interruptions:** avoid speaking over the survivor when they are talking. Let them finish their sentences.
- **One question at a time:** avoid asking more than one question at a time to prevent overwhelming the survivor.

## Anxiety and depression

It is very common for brain injury survivors to experience anxiety or depression following their injury. This can be due to two primary factors:

- *Physical damage:* injury to brain regions responsible for emotional regulation can result in difficulties managing emotions.
- *Life changes:* the life-changing and challenging consequences of brain injury can also contribute to feelings of depression and anxiety.

Depression and anxiety can significantly reduce a survivor's motivation to seek professional help, further complicating their recovery process. Brain injury survivors may also be at increased risk of self-harm and suicide.

### Perspective from prison staff

“He’s been described as a worrier since he got here but it seems like it’s getting worse. He’s terrified of some of the other men on the wing and is constantly looking over his shoulder. He’s had panic attacks in the meal queues before.”

### Tips for managing depression and anxiety

- **Recognise symptoms:** understand that depression can make survivors appear disinterested or unmotivated. This behaviour indicates a need for additional support, not non-compliance.
- **Professional support:** if available, arrange for the survivor to receive professional support from a healthcare provider, such as counselling or psychiatric services.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

- **Encourage open communication:** encourage the survivor to talk about their feelings. Create a safe and supportive environment where they feel comfortable sharing.
  - **Monitor for suicidal signs:** be vigilant for signs of suicidal thoughts or tendencies. If necessary, be prepared to provide intervention and seek additional support immediately.
  - **Engage in recreational activities:** provide opportunities for survivors to engage in meaningful recreational activities. These activities can help improve mood and provide a sense of purpose.
- 

## Recognising and protecting prisoners vulnerable to manipulation

### Why prisoners with brain injuries are at risk

Prisoners with brain injuries are often more vulnerable to manipulation due to impairments that affect their judgment, memory, and ability to read social situations. These prisoners may not fully understand when they are being taken advantage of or lack the capacity to resist coercion.

Prison officers must be aware of these vulnerabilities and take proactive measures to safeguard these individuals.

### Key cognitive challenges faced by prisoners with brain injury

Prisoners with brain injuries may exhibit the following cognitive challenges, making them more susceptible to manipulation:

- *Memory loss* - they may forget important details, leaving them open to making agreements they can't recall.
- *Poor decision-making* - impaired judgment can lead to risky or inappropriate choices.
- *Difficulty interpreting social cues* - they may not recognise manipulative behaviours or the intentions of others.
- *Impulsivity* - quick decisions made without considering the consequences.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

- *Increased trust* - they may place too much trust in others, including those with harmful intentions.

## Warning signs of manipulation in prisoners with brain injury

Prison officers should be alert to the following signs that a prisoner with a brain injury may be under manipulation:

- *Unusual or uncharacteristic behaviour* - the prisoner may start doing favours for other prisoners, such as washing clothes, giving away possessions, hiding contraband (e.g., mobile phones or drugs), or engaging in activities that seem out of character.
- *Debts and obligations* - they may suddenly owe other prisoners items or favours, even if they don't seem capable of keeping track of what they owe or understanding the consequences of not paying.
- *Isolation from trusted individuals* - the prisoner may withdraw from positive relationships and associate with prisoners who seem unlikely companions.
- *Visible stress or anxiety* - the prisoner may appear nervous, distressed, or fearful, particularly around certain other prisoners.
- *Confusion about their actions* - when questioned about their behaviour, the prisoner may seem unclear or unsure about why they made certain choices.

## Actions to take if manipulation is suspected

If you suspect that a prisoner with a brain injury is being manipulated, follow these steps:

1. **Observe carefully** - monitor the prisoner's interactions, paying attention to who they spend time with and how they behave. Look for signs of coercion, such as frequent requests for favours or possessions.
2. **Engage in private conversations** - speak to the prisoner privately, away from potential manipulators. Ask open-ended questions such as, "Can you explain why you gave that item away?" or "Are you comfortable with the

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

**3. Provide simple, clear explanations** - brain-injured prisoners may struggle with complex instructions. Ensure they understand their rights and what constitutes manipulation. Use simple language and check if they can repeat back what you've told them.

**4. Involve healthcare or mental health staff** - if you suspect that the prisoner's vulnerability is being exploited, involve healthcare or mental health professionals for evaluation. They can assess whether cognitive impairments make the prisoner more susceptible to manipulation and provide additional support.

**5. Consider moving the prisoner** - if manipulation is confirmed, relocating the prisoner to a different wing or area may be necessary to protect them. Limiting their contact with known manipulators might also be required.

**6. Increase monitoring** - ensure the prisoner is closely monitored, particularly during times when they are likely to come into contact with potential manipulators. Increased supervision during free time, meals, or other interactions can help prevent further exploitation.

## How to prevent manipulation

**Early identification** - when prisoners first arrive, any known or suspected brain injuries should be documented, and officers should be informed about those requiring extra protection.

**Regular check-ins** - maintain regular communication with prisoners who have brain injuries. Check on their well-being both socially and emotionally, as consistent interactions help build trust and offer opportunities to address concerns.

**Promote positive peer interactions** - encourage brain-injured prisoners to form positive relationships with individuals who are less likely to exploit them. Assigning mentors or trusted peers can create a support network and reduce the risk of manipulation.

**Staff training** - ensure that all officers receive training on recognising brain injury symptoms and understanding how cognitive impairments can make a prisoner more vulnerable to manipulation.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)

## Headway's Justice Programme

Headway has established its Justice Programme in response to the overrepresentation of brain injury survivors within the criminal justice system.

Headway's Justice Programme delivers a range of projects and initiatives to:

- **Raise awareness** of the significant number of people in the justice system with an ABI and their resultant needs.
- **Advocate for change** in policy and practice, to ensure brain injury survivors receive appropriate support within the justice system.
- **Provide opportunities** for individuals with an ABI to access support in relation to experiences with the justice system.

### Brain Injury Identity Card

The Brain Injury Identity Card, endorsed by the National Police Chief's Council, Police Scotland, and the Police Service of Northern Ireland, is designed to help identify brain injury survivors and ensure they receive appropriate support.

#### Features:

- It is personalised with the survivor's photograph
- Lists four effects of their brain injury
- Provides access to a 24/7 legal helpline for criminal legal assistance from solicitors trained in understanding brain injury.

The card is available to anyone aged over 18 with a clinically verifiable brain injury. It is provided to eligible prisoners and prison leavers, and prison staff are encouraged to assist in the application process.



### Partnerships and training

Headway collaborates with various agencies throughout the UK's criminal justice

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)



systems, delivering training to staff at all levels. Partner organisations include:

- National Police Chief's Council
- Police Federation of England and Wales
- Police Scotland
- Police Service of Northern Ireland
- National Appropriate Adult Network
- NHS England
- Crown Prosecution Service
- Public Prosecution Service
- His Majesty's Prison & Probation Service
- Department for Work & Pensions (DWP)

The DWP recognises the Brain Injury Identity Card. If a work coach is presented with an ID Card, this information will be recorded on the customer's record to ensure they receive tailored support and good cause decisions are applied.

For more information about the Brain Injury Identity Card scheme and how to apply, visit [www.headway.org.uk/idcard](http://www.headway.org.uk/idcard).

### **Brain Injury Champions**

Headway is encouraging the development of brain injury champions within His Majesty's Prison and Probation Service. This role will provide a point of contact for anyone seeking information, support, and guidance about brain injury, its effects, and where to get help.

If you are interested in learning more about this role and undertaking training to become a brain injury champion, please get in touch with Headway's Justice Programme Manager at [justiceproject@headway.org.uk](mailto:justiceproject@headway.org.uk).

### **Headway helpline**

Headway offers an award-winning range of freely downloadable publications covering many issues related to brain injury. To access these, visit the [Headway Information Library](#). For people directly affected by brain injury, printed booklets of limited titles can also be requested free-of-charge via the Headway helpline.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)



## Headway charities and volunteer-led branches

Headway has a network of over 120 local charities and volunteer-led branches across the UK, supporting survivors, their families and carers in their local communities. To find your area's closest group or branch, visit [www.headway.org.uk/supporting-you/in-your-area](http://www.headway.org.uk/supporting-you/in-your-area).

---

## Reflective activity

This section offers example scenarios to illustrate the effects of brain injury and demonstrate how a brain injury survivor may present within the criminal justice system. Consider **which effects of brain injury are being described** and **how you could support a survivor** experiencing these types of difficulties.

### Scenario 1: James

James sustained a TBI in a road traffic accident four years ago. Two years after the accident, he was sentenced to prison for sexual assault. His behaviour is often inappropriate, frequently making remarks about others' appearances or divulging intimate information about himself. Despite attempts by staff to address his behaviour, James maintains that there is nothing wrong and is reluctant to engage. He denies experiencing any difficulties following the accident, although it is evident to others. His behaviour has led to conflicts with other prisoners, including physical altercations when provoked or angered by his comments.

### Scenario 2: Carl

Staff describe Carl as having a "short fuse". He becomes irritated and angry over relatively minor issues like queueing or noisy environments like the canteen. Carl has ended up in segregation multiple times due to aggressive outbursts. The last incident occurred when another prisoner bumped into him and refused to apologise. Carl has reported sustaining numerous head injuries in the past, sometimes losing consciousness and feeling nauseous and dizzy for days afterwards.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)





### **Scenario 3: Alex**

Alex sustained a TBI as a victim of a violent assault while walking home from the pub. Six months after being discharged from rehabilitation, he was charged with robbery and sentenced to a youth offending institute. Alex tends to forget conversations, instructions, and tasks. Staff have found it helpful to write things down for him. Once, Alex was a witness to a severe altercation in prison and recalled details that other witnesses contradicted.

### **Scenario 4: Martin**

Martin has slurred speech due to a TBI from a fall. Since then, he has had multiple encounters with the police, the most recent leading to his imprisonment. Other prisoners joke that he has found a way to sneak alcohol into his cell because his speech is slurred and slow. Martin also experiences attention and concentration difficulties and slowed information processing, which impedes his communication ability. He finds it hard to pay attention in conversations, especially when others talk fast or ask too many questions, often leading to frustration and abrupt endings.

### **Scenario 5: Danielle**

Danielle is a victim of domestic abuse and reports being struck on the head multiple times by her ex-partner. Over the past ten years, she has been in and out of prison. Danielle struggles to participate in group conversations, becomes easily distracted, and cannot concentrate on activities for more than a few minutes. When staff ask her to focus, she becomes irritable and sometimes shouts. Staff often think she is unwilling to follow instructions and view her as belligerent. Other prisoners get impatient with Danielle, making sarcastic or offensive comments.

### **Scenario 6: Paula**

Paula had a stroke at age 35 and compares her energy levels to an old, worn-out smartphone that needs frequent charging and switches off without

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)



warning. She often feels the need to lie down during the day to rest, and without rest, she feels groggy and unable to concentrate. Activities like spending an hour with her crucial worker or reading and writing drain her, especially in noisy or busy environments. The effects of brain injury that she experiences are worse on some days than others, such as forgetfulness, irritability and emotional control.

### **Scenario 7: Kate**

Kate reports difficulty concentrating and poor short-term memory since her hypoxic brain injury caused by cardiac arrest. She often comments that she would never have gotten into trouble with the police before her brain injury. When encouraged to talk about her feelings, Kate becomes upset and says she no longer wants to live if this is what her life will be like. The significant changes following her injury have led to depression, a lack of motivation, and disinterest in educational programs and activities. Kate has attempted self-harm previously.

---

## **Support Headway**

As a charity, we rely on donations from people like you to provide free information to those affected by brain injury. To donate or find out how to support our work, visit [www.headway.org.uk/get-involved](http://www.headway.org.uk/get-involved).

If you want to leave feedback on this publication, please complete our survey at [www.uk.surveymonkey.com/r/hwpublications](http://www.uk.surveymonkey.com/r/hwpublications) or contact us at [publications@headway.org.uk](mailto:publications@headway.org.uk).

Last reviewed January 2025.

**Helpline:** 0808 800 2244

**Email:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Web:** [www.headway.org.uk](http://www.headway.org.uk)