

FACT SHEET 5

Acquired brain injury and the criminal justice system

Available empirical evidence suggests that damage to the frontal and temporal lobes of the brain is associated with an increase in the potential for aggressive, violent and criminal behaviour. Individuals with frontal lobe damage may:

- have short attention spans,
- have difficulty regulating emotional responses and inhibiting impulses,
- have difficulty switching behaviour when necessary and empathising with others,
- are unable to recognise the full impact of their behaviour on others,
- have a lessened capacity to self-correct, learn and think flexibly ¹.

These deficits mean that when a person with frontal lobe damage engages in behaviour, they are likely to repeat such behaviour. This may exacerbate their own frustration because of the continual inability to control emotions and to elicit desired responses from others.

Various studies have found –

- a high frequency of frontal and temporal lobe abnormalities and/or organic damage amongst juvenile delinquents ².
- a frequent and prolonged history of physical and sexual abuse and acquired brain injury and/or brain dysfunction amongst offenders ³.
- a correlation between substance abuse, brain damage and aggression ⁴ - specifically alcohol intoxication aggravates the effects of frontal lobe damage ⁵,
- disproportionately high rates of traumatic brain injury in prison populations (in New Zealand ⁶).
- that offenders with acquired brain injury are likely to be over-represented in New South Wales prisons ⁷.

It is important to remember that not all people with frontal lobe damage engage in aggressive behaviour. This depends on a number of variables. Brain damage makes impulsive behaviour and aggression more likely but not inevitable.

(Footnotes)

¹ Hawkins, K.A., Trobst, K.K. (2000) Frontal Lobe Dysfunction and Aggression: Conceptual Issues and Research Findings. Yale University School of Medicine. Vol 5 No.2 147-157:

² Includes Yeudall et al (1982) cited in Brickman, A.S., McManus, M., Grapentine, W.L., & Alessi, N. (1984) Neuropsychological assessment of seriously delinquent adolescents. *Journal of the American Academy of Child Psychiatry*, 23, 453-457), Lewis et al. (July 1986) Psychiatric, Neurological, and Psychoeducational Characteristics of 15 Death Row Inmates in the United States. *American Journal of Psychiatry* 143:7.

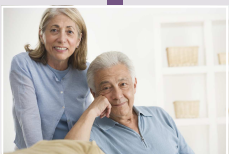
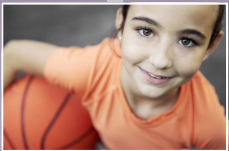
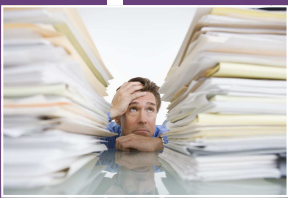
³ Pincus, J.H. (2001) *Base Instincts: What Makes Killers Kill*. W.W. Norton & Company, Inc., New York

⁴ Includes Bond, M.R. (1984). The psychiatry of closed head injury. In D.N. Brooks (Ed.), *Closed head injury: Psychological, social and family consequences*. Oxford Uni. Press, New York: Rosenbaum, et al. (1994) Head injury in partner-abuse men. *Journal of Consulting and Clinical Psychology*, 62(6), 1187-1193.

⁵ Pincus J.H. (2001)

⁶ Barnfield, T.V., Leatham J.M. (1998) Neuropsychological outcomes of traumatic brain injury and substance abuse in a New Zealand prison population, *Brain Injury*, Vol.12, No.11, 951-962).

⁷ Barnfield, T.V., Leatham J.M. (1998) Neuropsychological outcomes of traumatic brain injury and substance abuse in a New Zealand prison population, *Brain Injury*, Vol.12, No.11, 951-962).



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