

FACT SHEET 3

The connection between acquired brain injury and homelessness

An acquired brain injury can exacerbate and magnify the risk factors associated with homelessness including family breakdown, loss of social support networks, lack of affordable housing, family violence, unemployment, illness, drug and alcohol use, violence and/or criminal behaviour. Research shows that –

- People who experience a traumatic brain injury are at risk of homelessness where one or all of the following factors exist – alcohol and drug misuse, a psychiatric disability, social isolation and family breakdown¹.
- Families of individuals with acquired brain injury experience “an increasing intolerance to their family member’s limitations as time progresses”². This is particularly so where the injury has experienced behavioural (eg violence, verbal aggression, inappropriate social behaviours, dependency etc), cognitive and personality changes³.
- Of those people who experience traumatic brain injuries, up to 68% have a history of substance misuse⁴; 50% of people return to pre-injury consumption levels; 14% develop an alcohol and drug problem after a head injury⁵; and 60-80% of clients in alcohol treatment will show some form of cognitive impairment⁶.
- Many families of young adults who have experienced traumatic brain injuries will, within five years of the post-school period, reach ‘breaking’ point particularly where “repeated incidents involving police intervention have occurred. The young person at this point typically finds themselves homeless or potentially homeless with minimal survival skills”⁷.
- There is an association between homelessness and involvement with the criminal justice system⁸. A number of studies in the criminality field have established a connection between brain damage and the increased risk of involvement with the criminal justice system. Reasons may include a lower level of cognitive skills that can reduce, an individual’s appreciation of what behaviours are legal or illegal; a loss of control of their emotions and their aggressive impulses; and, deficits in cognitive processing may frustrate individuals with acquired brain injury sometimes increasing emotionality and aggression⁹.

(Footnotes)

¹ Morgan, Sally and Callaway, Libby (1999) The student with ABI: A lifelong perspective. A paper presented at the “Children, Young People and Brain Injury: doing the best in school and community re-integration” conference held by the South West Brain Injury Rehabilitation Service.

² Brooks, N., Campsie, L., Symington, Beattie, A. and McKinlay, W. (1986) The five year outcome of severe blunt head injury – a relative’s view, *Journal of Neurology, Neurosurgery and Psychiatry* 49, 764-70.

³ Stebbins, P., Leung, P. (October/November/December 1998) Changing Family needs After Brain Injury, *Journal of Rehabilitation*.

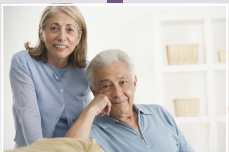
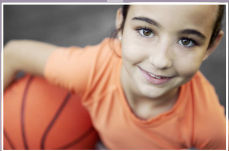
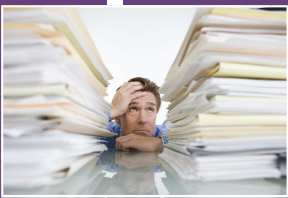
⁴ Miller, N.S. (1995) Diagnosis and treatment of Addictions in traumatic brain injury, *Alcoholism Treatment Quarterly*, 15(3), 15-30

⁵ Kreutzer, J.S., Doherty, K.R., Harris, J.A., Zasler, N.D. (1990). Alcohol use among persons with traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 5, 9-20.

⁶ Parsons, O.A. (1987). Do neuropsychological deficits predict alcoholics’ treatment course and posttreatment recovery? In O.A. Parsons, N. Butters, and P.E. Nathan (Eds.), *Neuropsychology of Alcoholism: Implications for Diagnosis and Treatment* (pp. 273-90). New York: Guilford Press.

⁷ Morgan, Sally and Callaway, Libby (1999) The student with ABI: A lifelong perspective.

⁸ Bisset, H., Campbell, Susan., Goodall, J. (1999), Appropriate responses for homeless people whose needs require a high level and



Lobbying to represent the needs, wishes and aspirations of people living with an acquired brain injury since 1991



86 HERBERT STREET NORTHCOTE VIC 3070

PH: 03 9497 8074 FAX: 03 9486 7941

WWW.BRAININJURYAUSTRALIA.ORG.AU