Complex Lives: The enduring impact of care-experience for people in the justice system

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Structure

Men in prison	2,832 sentenced men screened on entry, HMP Parc, Wales
Women in the justice system	66 women in prison, on probation and in the community in Wales
Children in PRUs	732 pupils across nine Pupil Referral Units
Resources	Practical tools and guidance, particularly for brain injury

A note on terminology

- Disability or Divergence?

The United Nations Committee on the Rights of the Child

General Comment no. 24 (2019)

UNITED NATIONS

‘Children with developmental delays or neurodevelopmental disorders or disabilities (for example, autism spectrum disorders, foetal alcohol spectrum disorders, or acquired brain injuries) should not be in the child justice system at all, even if they have reached the minimum age of criminal responsibility’.

The Social Model of Disability

- Individual or medical models locate the ‘problem’ of disability within the individual – difficulties arising from physical or psychological deficits.

- Social models locate the ‘problem’ in society – a failure to create accessible and appropriate services fully taking into account the needs of a disabled person.

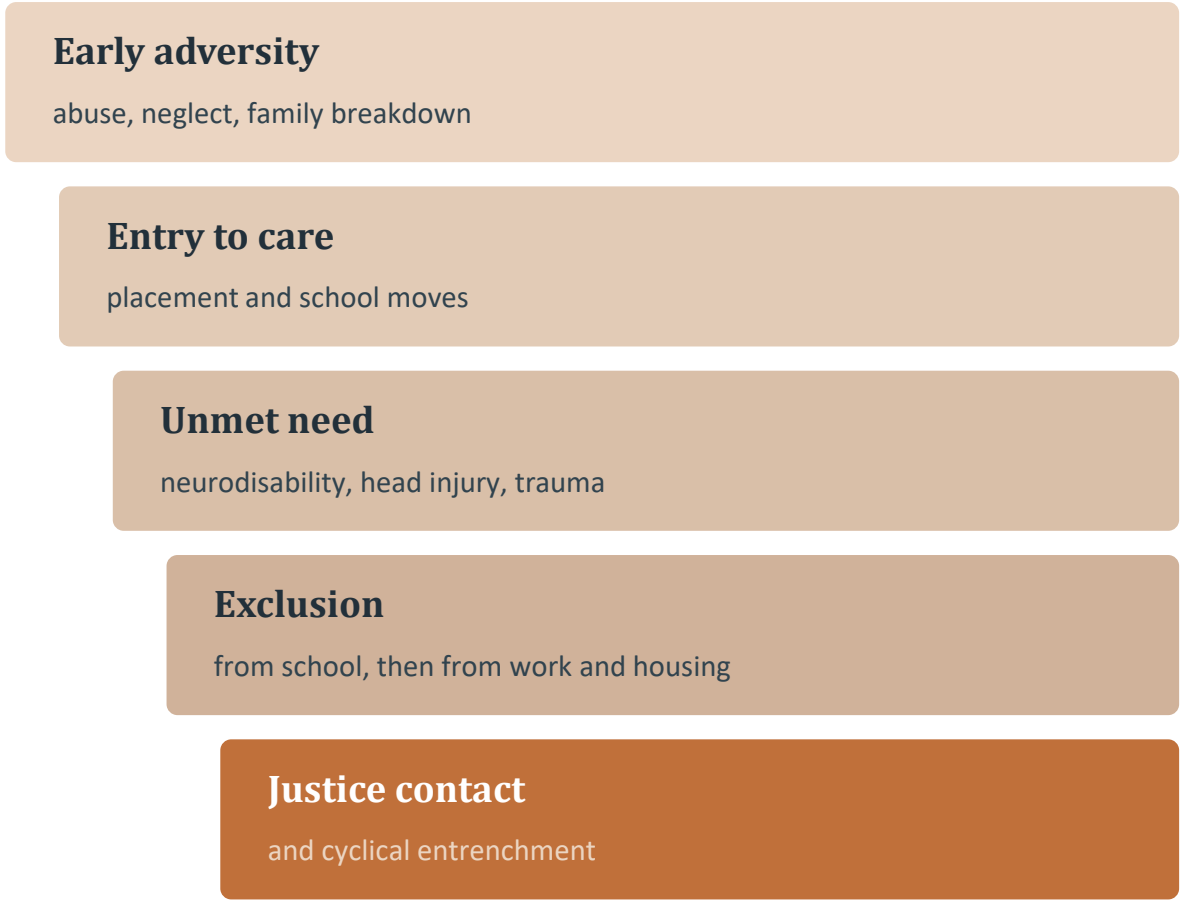
- ‘The consequences of this failure does not simply and randomly fall on individuals but systematically upon disabled people as a group who experience this failure as discrimination institutionalised throughout society.’

- Disability as a social state rather than a medical condition

Professor Mike Oliver

Cumulative Disadvantage

- Cumulative disadvantage (Dannefer, 2003): your current social position shapes which opportunities and exposures come next. Small early gaps don’t level out, but get wider.
- Stress proliferation (Pearlin et al., 2005): one stressor generates secondary stressors across domains. Stress begets stress.

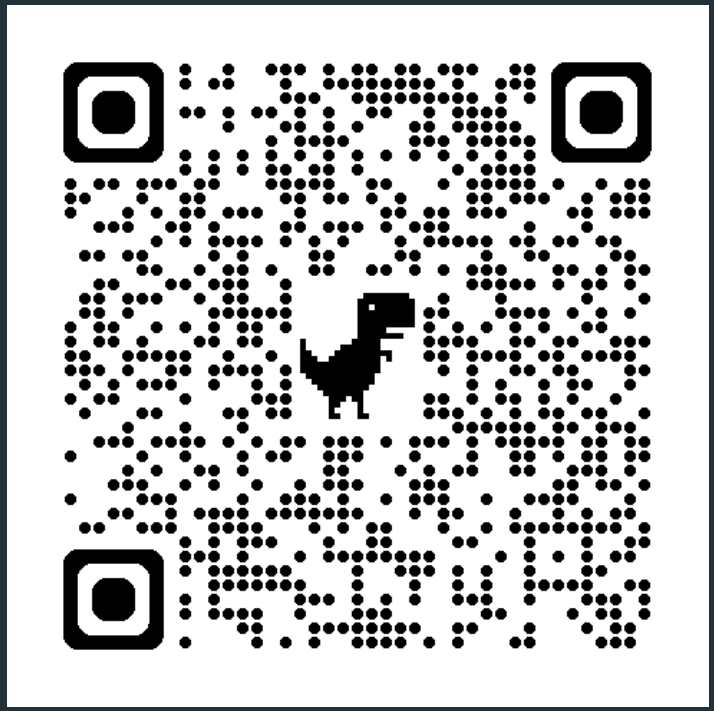


01

Men in prison as adults

Looked after children in prison as adults: life adversity and neurodisability

International Journal of Prisoner Health, 2023



A secondary data study

- HMP Parc screens every man on entry with the Do-IT Profiler, which is a computerised, transdiagnostic screen used as routine practice.
- Our question was not actually about care-experience specifically. It was: within a population this uniformly disadvantaged, is there any subgroup carrying more intersecting vulnerability than the rest?

The sample

2,832

convicted adult men

2017–18

screened in first six weeks

631

reported being care-experienced

Roughly one in five men in this prison had been in care

22%

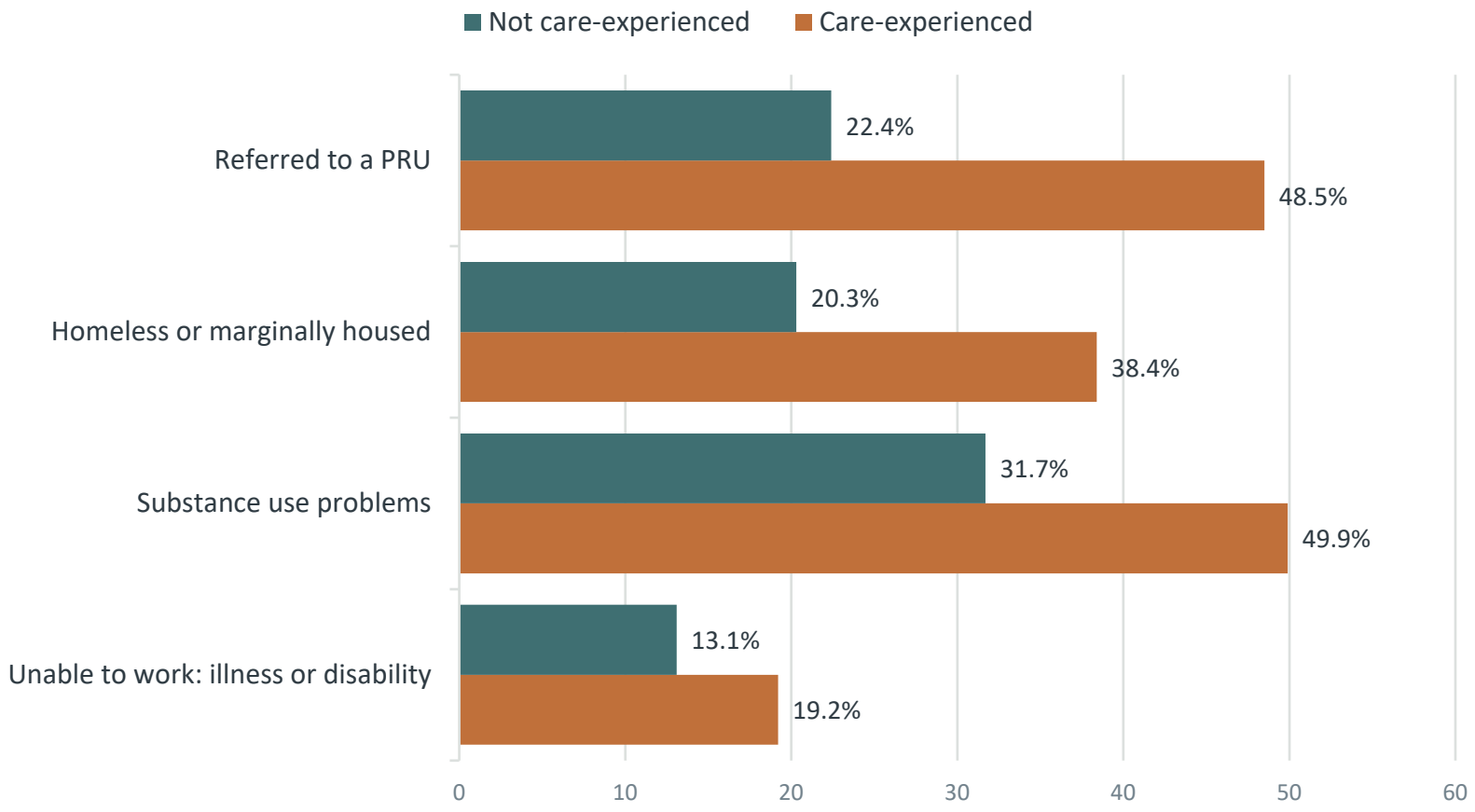
of sentenced men reported having been fostered or adopted

For comparison

About 0.7% of children in the general population are looked after at any one time.

The DoIT profiler measure is likely an underestimate

Enduring disadvantage



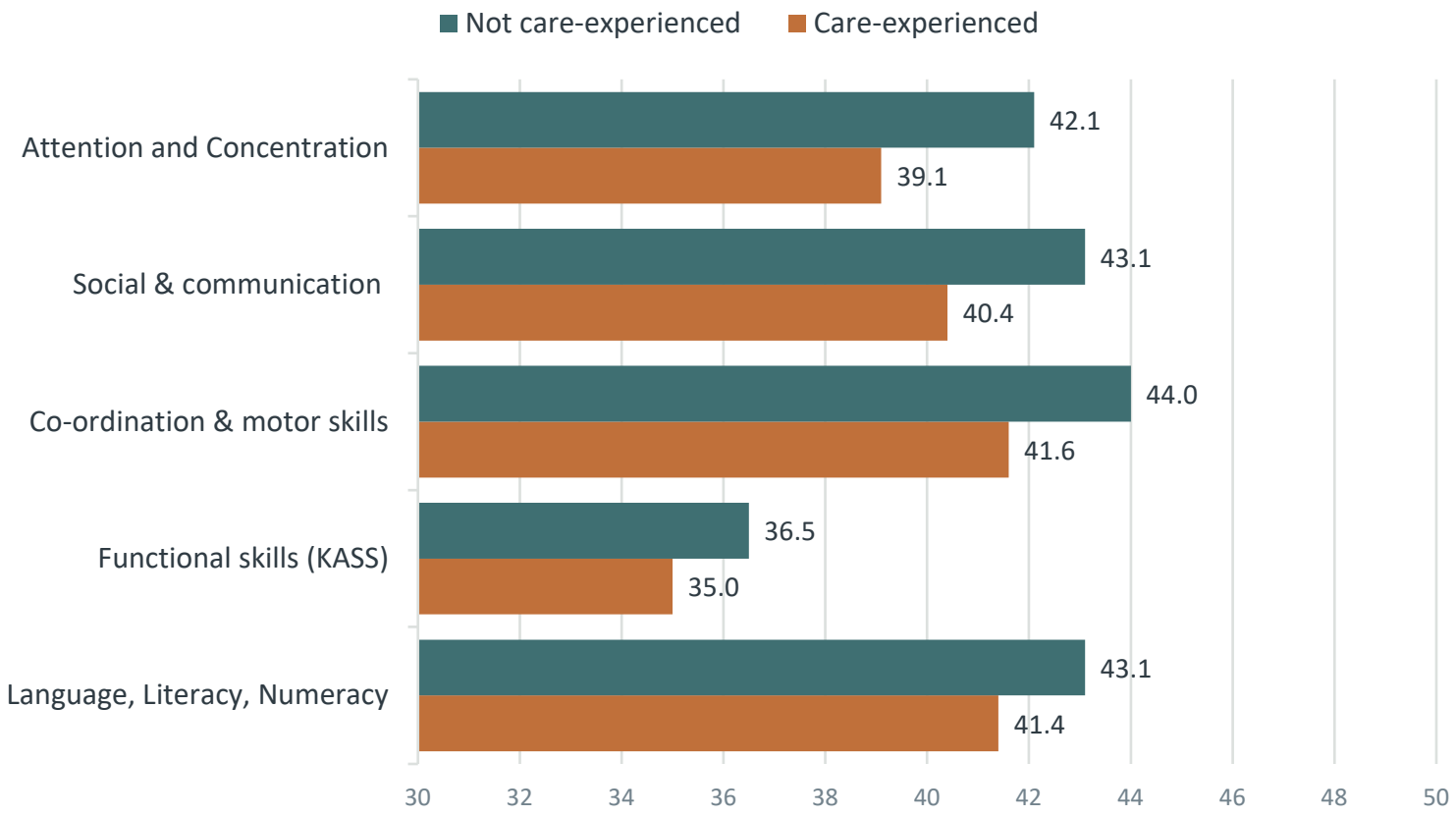
Why this matters

Prison populations are unusually uniform in poor life outcomes. They are quite homogenous – so any differences between groups are quite meaningful.

These differences are all significant at $p < .001$, with Cramér's V between 0.13 and 0.24 - modest by conventional interpretation but found against a homogenous population.

Kent, Kirby, Leckie, Cornish, Hogarth & Williams (2023), International Journal of Prisoner Health, 19(4), 512–523

And on every domain of neurodisability we screened



Mean scores: men who had been in care scored lower on the functional screener and on all four self-report domains. Lower scores indicate poorer functional skills. Every gap was significant ($p < 0.001$), with effect sizes of 0.22 to 0.40.

Kent, Kirby, Leckie, Cornish, Hogarth & Williams (2023), International Journal of Prisoner Health, 19(4), 512–523.

Care and neurodisability – why/how are they linked?

The pattern replicates outside the UK

Of 300 “crossover” children in Australian children’s courts, 48% had a neurodisability. They entered out-of-home care earlier, carried more cumulative maltreatment, and began offending younger. Residential care placement (58% vs 41%) and caregiver relinquishment (52% vs 33%) were far more common.

Baidawi & Piquero (2021), Journal of Youth and Adolescence, 50, 803–819

Brain Injury and Physical Abuse

Acquired Brain Injury could be caused in the context of physical abuse?

Disability also raises the risk of harm

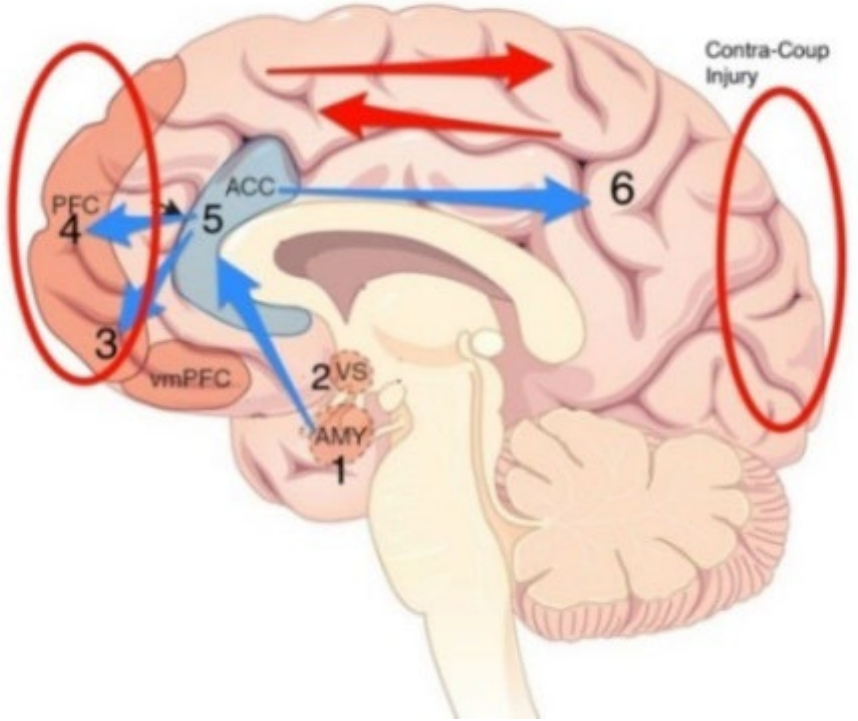
Across 98 studies covering 16.8 million children, 31.7% of children with disabilities had experienced violence — roughly double the odds faced by children without disabilities (OR 2.08).

Fang et al. (2022), Lancet Child & Adolescent Health, 6, 313–323

In a US sample of 12,634 children, every disability group except physical disability faced elevated risk of poly-victimisation.

Vanderminden et al. (2023), Child Abuse & Neglect, 146, 106495

Acquired Brain Injury

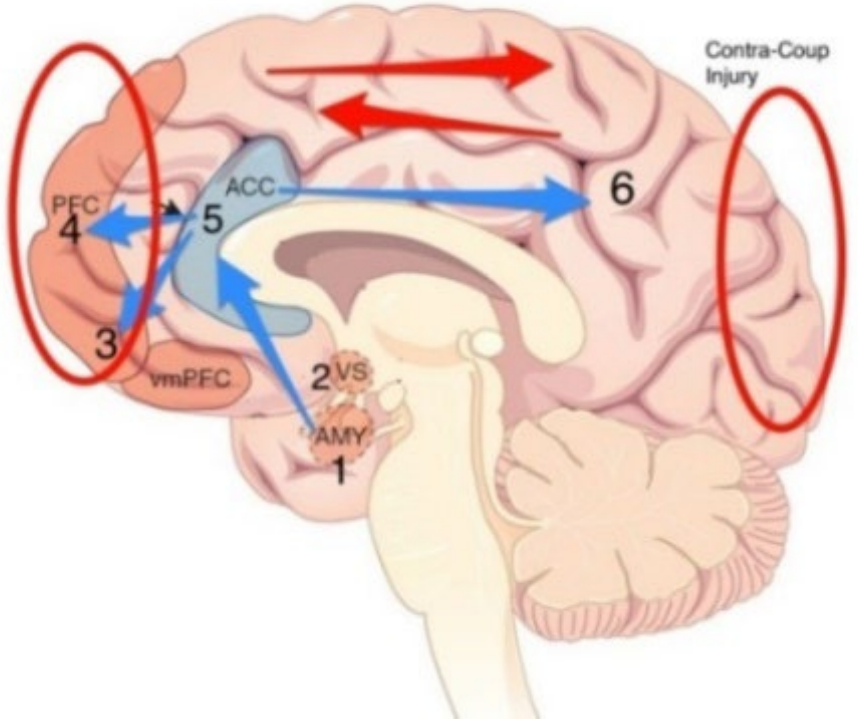


- A leading global cause of death and disability
- Described as a ‘silent epidemic’ in criminal justice settings
- Common causes of traumatic injury include fights, falls, sporting injuries, road traffic accidents
- Non-traumatic injury can come from infection, illness, anoxic or hypoxic injuries

Johnson WD, Griswold DP. Traumatic brain injury: a global challenge. The Lancet Neurology. 2017;16(12):949-50

Acquired Brain Injury

- A spectrum condition
- Can be a hidden disability
- Repetitive injuries are cumulative in their effects
- Generally classified into ‘mild’ ‘moderate’ ‘severe’ but it is difficult to predict injury severity/complexity



Frontal Lobe
Behavioural and emotional changes
Impaired judgement
Impaired motivation
Trouble with inhibition (impulsivity)
Executive function difficulties
(including planning and organisation)
Memory problems
(particularly working memory)

Parietal Lobe
Lack of awareness of certain body parts
Difficulties with hand-eye coordination
Problems with visuo-spatial perception
Problems with reading, writing, drawing

Occipital Lobe
Problems with vision
Blind spots
Blurry vision

Temporal Lobe
Short- and long- term memory problems
Changes in sexual behaviour
Increased aggression
Difficulty recognising faces and naming objects
Difficulty understanding language
Speech problems

Cerebellum
Difficulty with fine motor skills
Difficulty walking
Tremors
Slurred speech
Dizziness

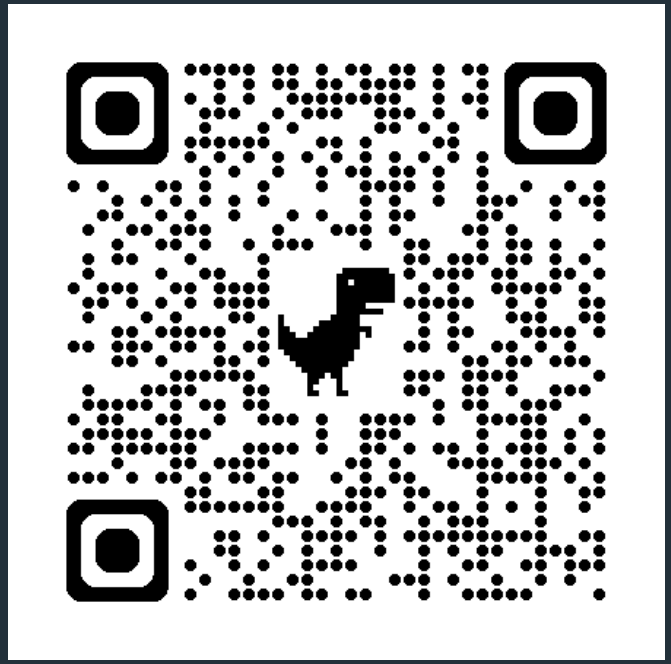
Brainstem
Changes in breathing
Difficulty swallowing
Problems with balance and movement
Dizziness and nausea

02

Women in the justice system

Complex lives: enduring vulnerability associated with care-experience for women in the CJS

Criminology & Criminal Justice, 2026



Complex Lives

- Secondary analysis of Brainkind's Complex Lives study: 66 women in contact with the justice system across Wales.
- 41 in prison, 21 on probation, 4 in early-intervention community settings.
- Hour-long semi-structured interviews in private, alongside validated measures — the Brain Injury Screening Index, Rivermead post-concussion symptoms, DAR-5, PHQ-4, Trauma Screening Questionnaire.

29%

of women in the sample were care-experienced

Needs in the whole sample

A gendered lens on contact with the justice system

90%

had experienced domestic abuse

79%

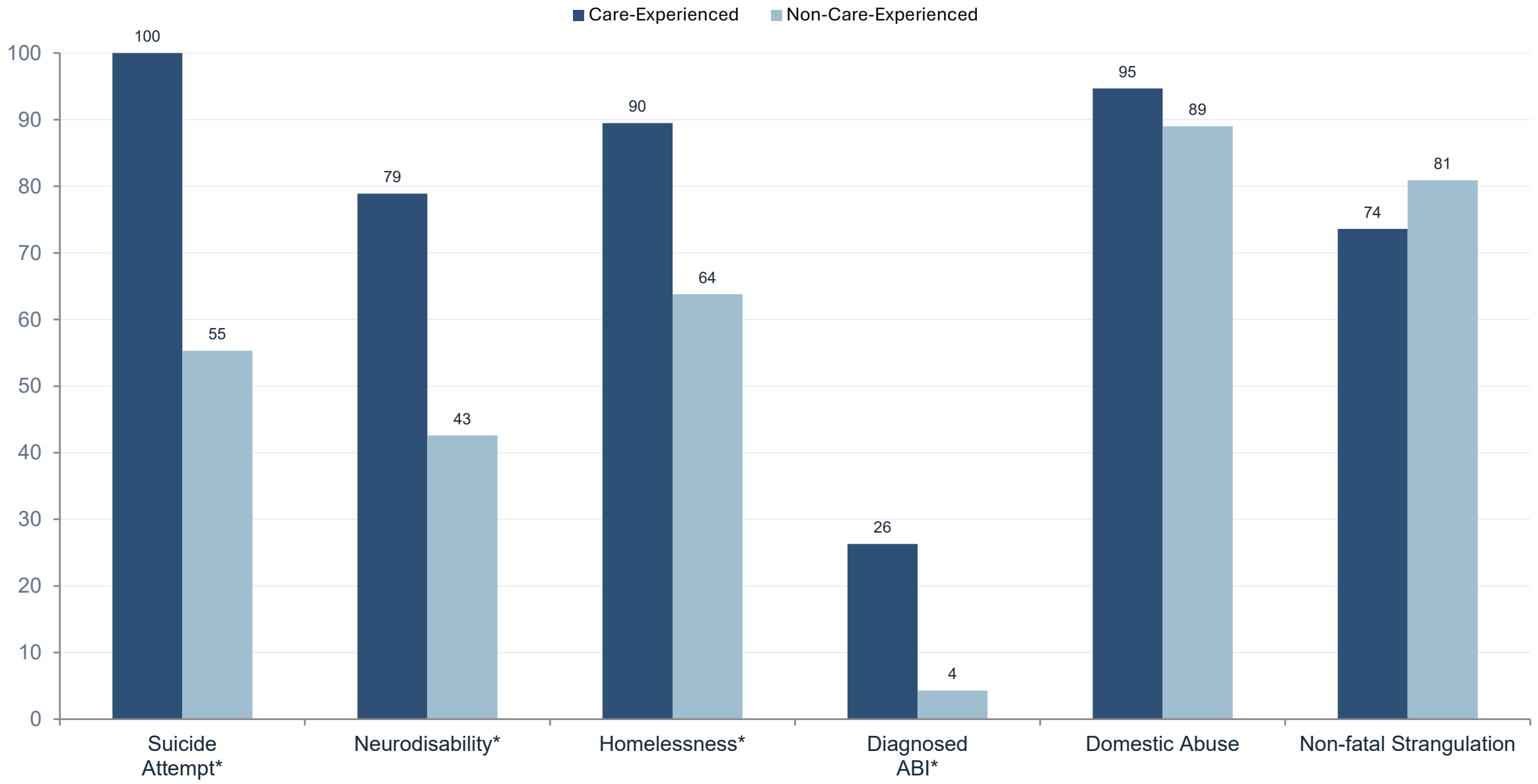
had experienced non-fatal strangulation

80%

screened positive for a history indicative of brain injury

68%

of the mothers had had a child taken into care


Care-Experienced
Non-Care-Experienced
100
90
80
70
60
50
40
30
20
10
0
100
55
79
43
90
64
26
4
95
89
74
81
Suicide Attempt*
Neurodisability*
Homelessness*
Diagnosed ABI*
Domestic Abuse
Non-fatal Strangulation

Where the women's picture diverged from the men's

Substance use

Care-experienced men were markedly more likely to have substance-use problems. Among the women there was no difference.

Gendered trauma pathways may matter here: physical abuse and violence predict later substance use more strongly in men, sexual assault more strongly in women. And the ceiling in this population is very high.

Brain injury

In the women, brain injury has a distinct pathway through domestic abuse. 79% had experienced non-fatal strangulation.

Suicidality

All 19 care-experienced women had attempted suicide.

Women in prison across Europe die by suicide at around ten times the general population rate. Self-harm in the women's estate in England and Wales is at 5,906 incidents per 1,000 prisoners, and rising.

Danielson et al. (2009); Valera & Kucyi (2017); McMillan et al. (2021); Fazel et al. (2017); Ministry of Justice (2025)

03

Children in Pupil Referral Units (preliminary findings!!)

Beneath the behaviour: complex and co-occurring needs among children in PRUs in England and Wales (under review) with Keira Lawrence, Amanda Kirby, & Nathan Hughes

Marginalisation earlier in life

- 732 pupils screened across nine Pupil Referral Units — six in England, three in Wales — between June 2024 and July 2025.
- Same tool as the prison study: the Do-IT Profiler, with text-to-speech and language options, and a teacher on hand.
- Every child received an individual profile of their strengths and challenges, with strategies for home and school.
- Mean age 14.2. 65% male. 90% had been excluded from school at some point.

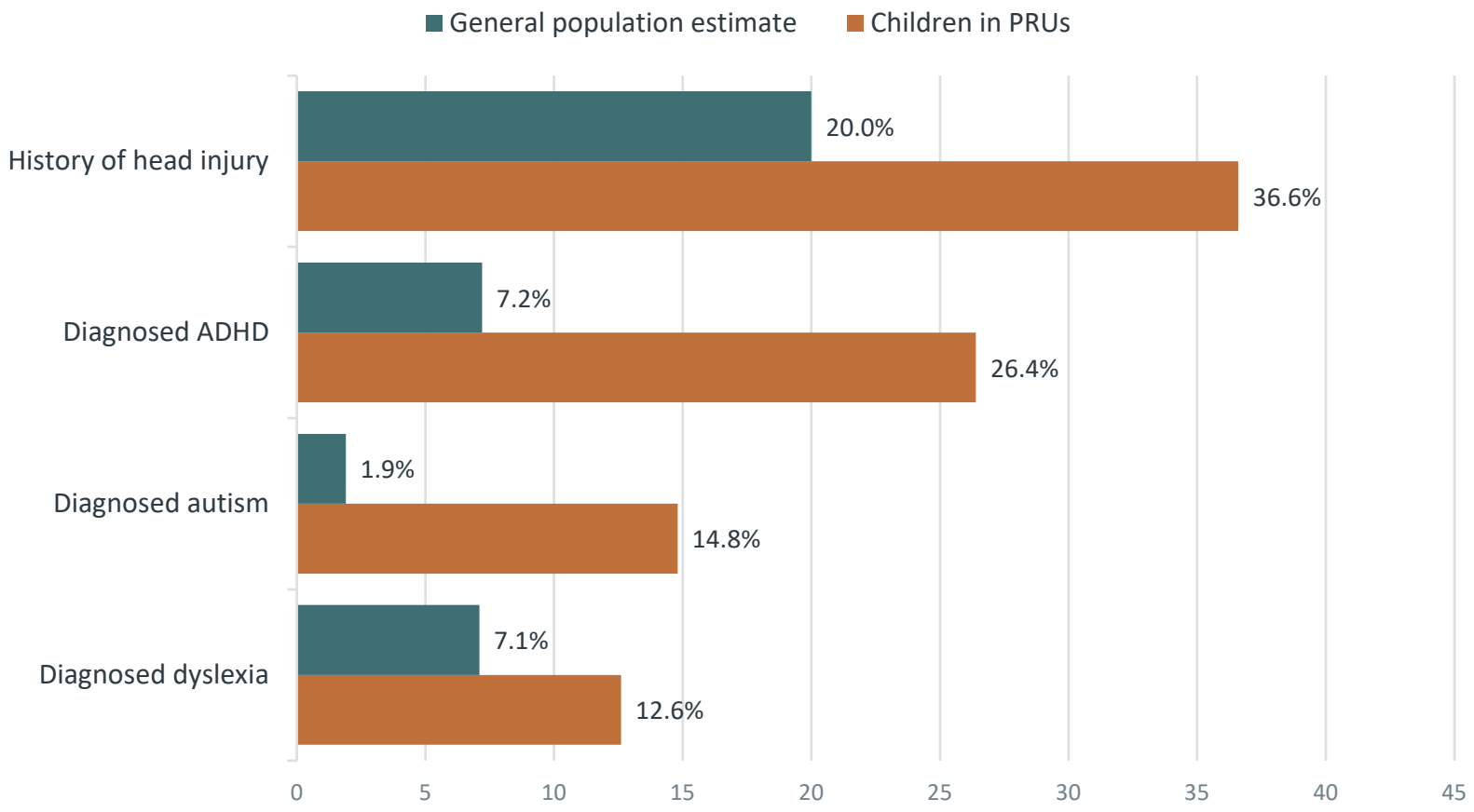
8.7%

of pupils were care-experienced

Against 0.67% of children in England who are looked after at any one time. The over-representation is already fully formed by the time a child reaches alternative provision.

Department for Education (2025). Figures are not directly comparable — DfE counts children looked after at a point in time; our item captures any prior experience of being fostered or adopted.

How do children in PRUs compare to the general population?



And alongside

41% reported ever thinking about harming themselves

47% had used drugs or alcohol to change how they feel

43% had moved school four or more times

22% had a diagnosed mental health condition

General population comparators: Ilie et al. (2013); Thomas et al. (2015); Bougeard et al. (2021); Yang et al. (2022). Autism comparator is the upper bound of a 0.3–1.9% range.

Co-Occurring Needs

47.5%

of children with dyslexia had also had a head injury

44.6%

of children with dyslexia also had ADHD

29.6%

of children with a head injury also had ADHD

22.3%

of children with ADHD also had autism

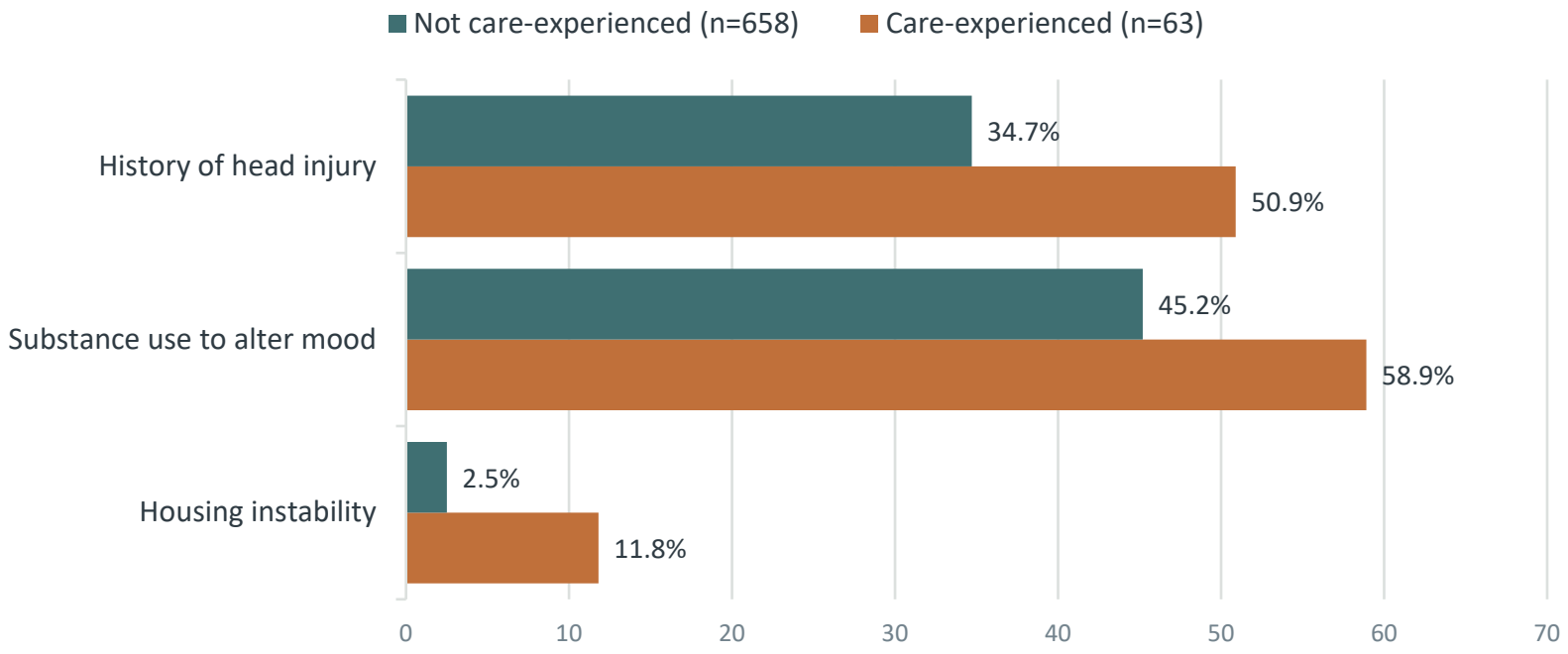
Beneath the behaviour?

Hypervigilance, poor sustained attention and impulsivity can plausibly arise from ADHD, from the after-effects of a head injury, or from a trauma response. The same behaviour gets read differently depending on which history the assessor happens to know about.

In a PRU, the history most likely to be known is the exclusion record.

Gajwani and Minnis call this ‘double jeopardy’: neurodevelopmental conditions and adverse childhood experiences co-occur and amplify each other, and keeping only one of them in view produces a narrow view of needs.

Even here, care-experience marks out a further group



More than half

of care-experienced children in these PRUs reported a head injury involving loss or alteration of consciousness.

Housing instability - living in temporary accommodation or a B&B.

Care-experienced children were also significantly more likely to skip these questions — 19% had missing data on housing, 11% on self-harm and substance use. This suggests that our estimates of differences are underestimates.

Head injury runs the whole length of this

Children in PRUs

37% report a head injury
51% of the care-experienced
vs ~20% in the general population

Men in prison

Not measured directly — but
elevated functional need across
every neurodisability domain

Women in the justice system

80% screen positive for a history
indicative of brain injury
79% non-fatal strangulation

So where, exactly, would a child be screened?

1

A head injury happens

A fall, a fight, an assault at home. Often no hospital visit, often no record.

2

The sequelae show up as behaviour

Impulsivity, poor concentration, difficulty reading a room. Educators are not trained to recognise this.

3

The behaviour is sanctioned

Read as defiance rather than injury. Repeated sanction leads towards exclusion.

4

Alternative provision, then justice

Screening is happening – but too little too late.

In another project we are doing looking at school exclusion for children with brain injury, we are finding that it is those with *unidentified* injuries who are at greater risk – not those with identified brain injury.

Kent, Kirby, Hogarth, Leckie, Cornish & Williams (2023), Forensic Science International: Mind and Law; McKinlay & Buck (2019)

The long shadow – how do we provide better opportunities?

0.7%

of children in the general population are in care at any one time

8.7%

of children in Pupil Referral Units are care-experienced

They have more housing instability, head injury, and substance use to manage feelings

22%

of sentenced men in one Welsh prison

They have more functional impairment, more substancee use, homelessness, unable to work

29%

of women in contact with the justice system in Wales

More brain injury, more suicidal, more homelessness, more neurodisability

What this asks of a rights-respecting system

Screening

Routine, accessible screening for head injury and neurodisability in schools, alternative provision, social care, and justice settings.

Treat neurodisability as an access issue

If a child cannot engage with education, or an adult with a rehabilitation programme, the barrier belongs to the provision – and sometimes there is ‘intervention churn’ (Hughes). The UNCRC and UNCRPD are clear about our responsibilities here.

Inclusion not exclusion

By the time a child reaches a PRU, they have already been marginalized - harm has been done (see Cornish & Brennan, 2025). This approach is already being adopted in Scotland but in England we are woefully behind!

Don't stop at 18 (or 16)

Policy attention has rightly gone to preventing the criminalisation of children in care. The adults who aged out are still in the system, with the same needs and no equivalent focus.

The United Nations Convention on the Rights of Persons with Disability

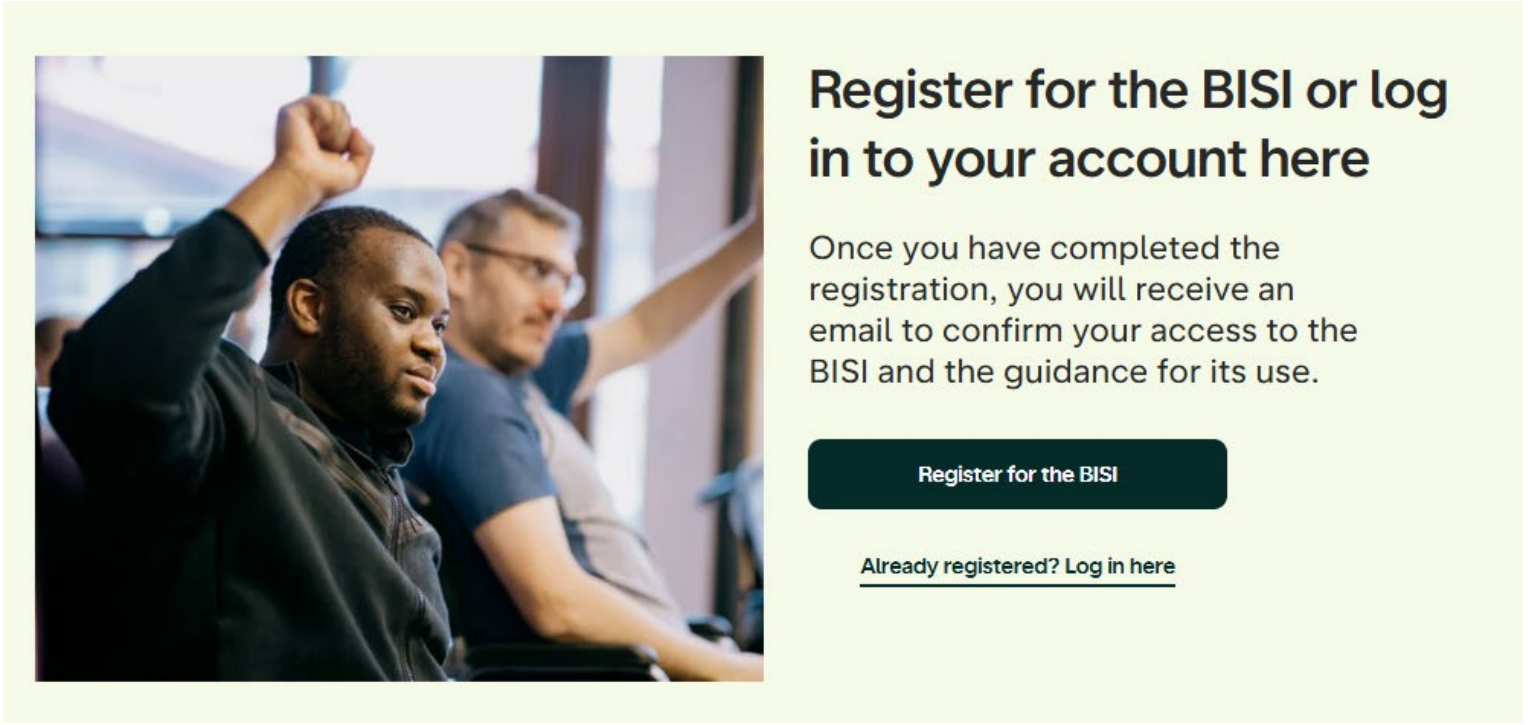
Article 13: Access to Justice

- States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

- In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.

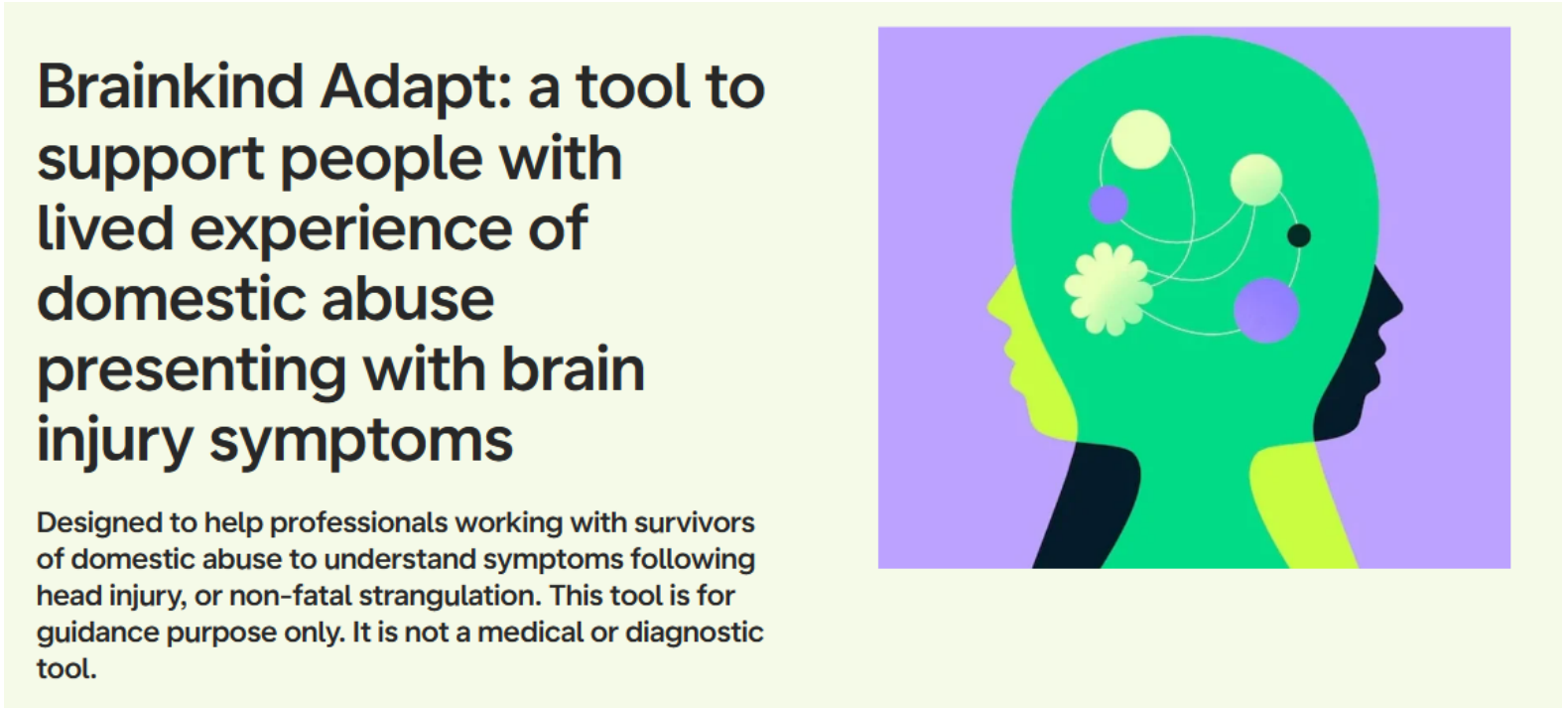
Some useful resources

- https://brainkind.org/for-professionals/brain-injury-screening-index-bisi/



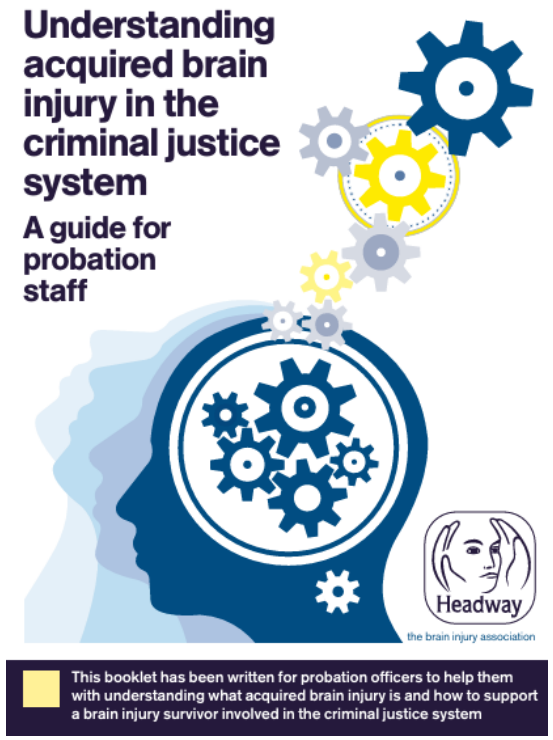
Some useful resources

- https://brainkind.org/brainkind-adapt-tool/



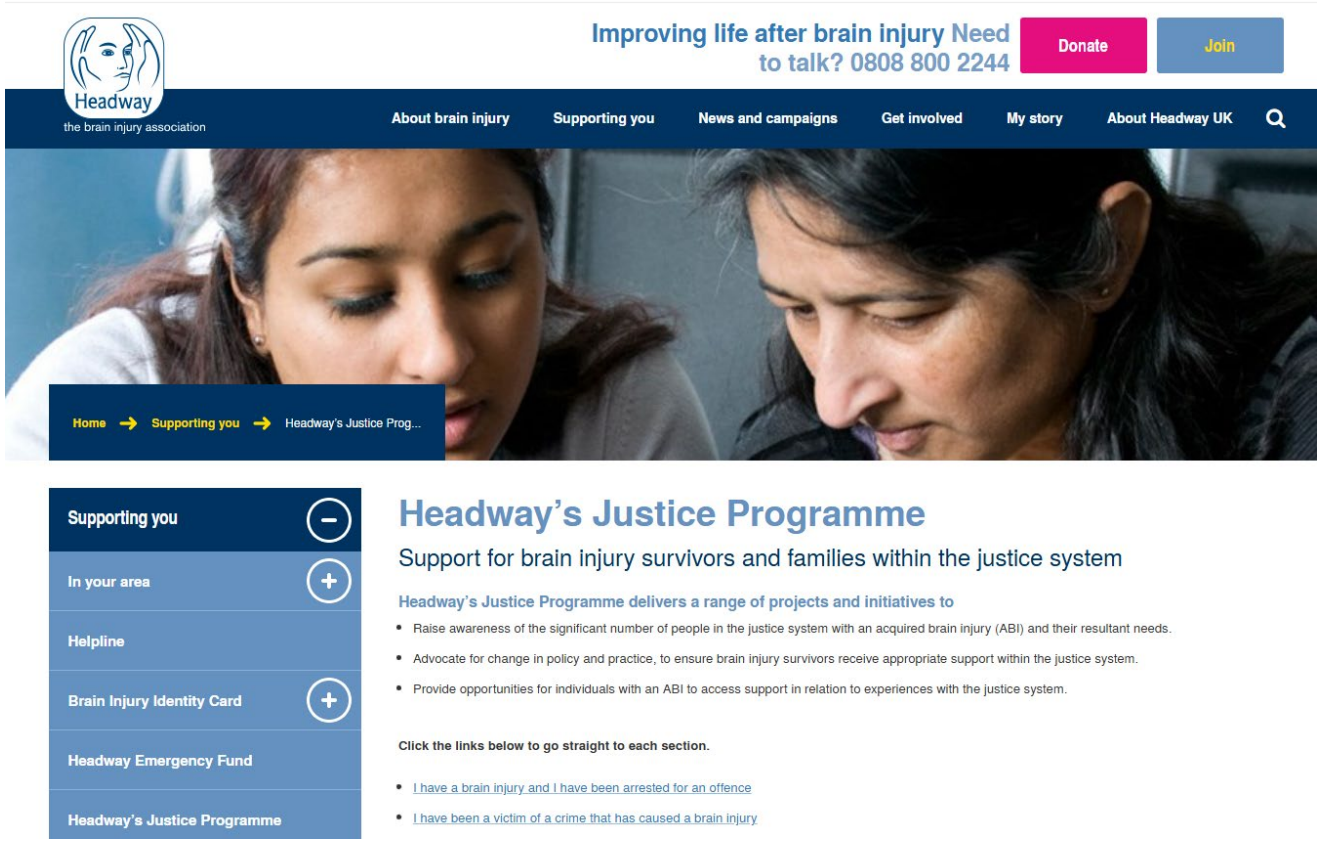
Some useful resources

- https://www.headway.org.uk/media/9919/understanding-brain-injury-in-the-criminal-justice-system-a-guide-for-probation-staff.pdf



Some useful resources

- https://www.headway.org.uk/supporting-you/headway-s-justice-programme/



Acquired Brain Injury Justice Network

ABIJustice@ukabif.org.uk

- We meet quarterly, online
- We have academics, clinicians, representatives of government departments, charities
- Our mission is to raise awareness of, and improve outcomes for, people with ABI in the criminal justice system
- We are co-chaired by Professor Nathan Hughes and Andy McDonald MP
- You can email us any time, and we can connect you to clinicians/charities for support/services and advice
- We also have a special interest group for the intersection of Domestic Abuse & Brain Injury in the criminal justice system

Thank you

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