



HM Inspectorate  
of Probation

# **Acquired Brain Injury: An invisible consequence of domestic abuse for women in the justice system**

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## Foreword

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HM Inspectorate of Probation is committed to reviewing, developing and promoting the evidence base for high-quality probation and youth justice services. *Academic Insights* are aimed at all those with an interest in the evidence base. We commission leading academics to present their views on specific topics, assisting with informed debate and aiding understanding of what helps and what hinders probation and youth justice services.

This report was kindly produced by Dr Hope Kent and Professor Stan Gilmour, highlighting the prevalence of Acquired Brain Injury (ABI) and links to domestic abuse in justice-involved women. ABIs can be significant in their consequences, particularly in the context of ongoing domestic abuse and multiple injuries, potentially impacting memory, attention and concentration, speech and language skills, and impulsivity. Justice-involved women with ABI are also more likely to have co-existing trauma, mental and physical health difficulties, and substance use difficulties. Notably, ABI can be a 'hidden disability' with no visible physical impairments, resulting in non-identification and neurologically unrealistic expectations around engagement, compliance, and behaviour change. Consequently, there is an urgent need to embed brain injury awareness within gender-responsive, trauma-informed practices, accounting for the psychological and neurological effects of extensive trauma, and helping to ensure that women are not punished for the neurological consequences of violent acts against them. Several validated screening tools exist that could be adapted and used to facilitate appropriate modifications in delivery and referrals for further support. Workforce development is also essential, helping staff to interpret screening results and understand how non-compliance, emotional dysregulation, or chaotic presentation may often be symptomatic of brain injury.



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The views expressed in this publication do not necessarily reflect the policy position of HM Inspectorate of Probation

# 1. Introduction

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The overwhelming majority of women in the criminal justice system have been exposed to extensive abuse, trauma, and coercive control across their life courses (Gelsthorpe, 2020; Phillips, Miles and Smyth, 2022). Brainkind's 'Complex Lives' study highlights the scale: they found that 95 per cent of women in contact with the criminal justice system in Wales had experienced domestic abuse (Brainkind, 2024).

Acquired Brain Injury is an often hidden and poorly understood consequence of domestic abuse. Physical assaults are often targeted at the head, face, and neck, and non-fatal strangulation is increasingly recognised as both a common feature of domestic abuse, and severe in its neurological impact (Valera and Kucyi, 2017). The resulting brain injuries can be significant in their consequences; impacting survivor's memory, attention and concentration, speech and language skills, impulsivity, and vulnerability to mental health difficulties including suicidality and substance use. However, because brain injury can occur with or without physical disability, these difficulties are often misattributed or misunderstood in justice settings as being behavioural issues, non-compliance, or mental health difficulties.

In this Academic Insights paper, we begin by offering a definition of Acquired Brain Injury, and explore the prevalence and links to domestic abuse in justice-involved women. We then discuss the need for a gendered approach when working with women in the criminal justice system, including when screening for Acquired Brain Injury, and we explore some of the interventions and resources that exist to support these women and the professionals working with them.

## 2. Acquired Brain Injury as a consequence of domestic abuse

### 2.1 Acquired Brain Injury and domestic abuse

An Acquired Brain Injury (ABI) refers to any injury to the brain which leads to an alteration in brain function, and which happens after birth and therefore is not congenital (Goldman et al., 2022). In the context of domestic abuse, these injuries are most often a result of physical trauma, and are therefore called traumatic brain injuries (Valera and Kucyi, 2017). Traumatic injuries occur when the head is struck or shaken, which causes the brain to move around inside the skull. This can lead to the shearing of axonal connections within the brain, as well as lacerations (cuts or tears in the brain tissue), contusions (bruising), and haemorrhaging (bleeding). ABI can also occur through oxygen deprivation during non-fatal strangulation – when the brain is partially or completely starved of oxygen, brain cells begin to die, causing anoxic or hypoxic injuries (Monahan, Bannon and Dams-O'Connor, 2022).

ABI is a spectrum condition, meaning that the consequences can vary widely from milder symptoms which may resolve completely within a number of weeks, to very significant lifelong impairment. Some of the main symptoms include:

Somatic symptoms	Nausea, dizziness, and headaches
Emotional symptoms	Difficulty recognising and responding to how others are feeling, being quick to anger, having trouble managing emotions, and increased vulnerability to suicidality and self-harm
Cognitive symptoms	Difficulty with memory, processing information, problem-solving, attention and concentration, learning and applying new information, following complex instructions, and other executive functions
Impulsivity	Reduced ability to inhibit behavioural impulses and thoughts, particularly in situations where emotions are running high
Suicidality and self-harm	Vulnerability to serious mental health difficulties, including suicidality and self-harm
Speech, language, and communication needs	Challenges expressing oneself and understanding others
Fatigue	Persistent feelings of exhaustion which are unrelated to sleep quality
Sensory changes	Altered vision, hearing, or other sensory impacts

Those who have ABI may have accompanying physical impairments that impact movement and co-ordination, but importantly, ABI can also be a 'hidden disability' with no visible physical impairments. This contributes to the frequent under-recognition of ABI in women who do not present with obvious physical difficulties.

Women who experience ABI in the context of domestic abuse also face some additional challenges which are quite unique to this population. They are 'doubly vulnerable' to the combined impacts of domestic abuse and ABI. For example, they are likely to have co-existing post-traumatic stress disorder (PTSD), as a result of the psychologically traumatic circumstances of abuse (Kwako et al., 2011). These women are also more likely to report having co-occurring physical health conditions (Wall et al., 2018), and they are also less likely to report to hospital than those who acquire a brain injury in other ways (e.g. a road traffic accident), meaning that our estimates of prevalence are often underestimates. Finally, in contexts of domestic abuse, women are likely to have experienced multiple injuries over long periods of time, and the impact of these multiple injuries can accumulate; meaning that multiple relatively mild injuries can compound and have the effects of more severe injuries (Banks, 2007; Kwako et al., 2011).

## 2.2 What is the prevalence amongst women in the criminal justice system?

In 2019, Brainkind (formerly the Disabilities Trust) conducted a study of brain injury amongst women in prison in HMP Drake Hall. They found that about two in three (64 per cent) of the women reported a history indicative of ABI, and that the majority of these women had experienced their brain injury as a result of domestic abuse. The prevalence of domestic abuse was very high overall; 96 per cent reported having experienced domestic abuse in their lives.

Although this issue has only recently gained wider research attention, other studies report similarly high figures. For example, McMillan et al. (2021) studied 109 women in prison in Scotland, and found that 78 per cent had experienced a significant head injury. Of those with significant head injury, domestic abuse was the cause in the majority (89 per cent) of cases. However, this study did not capture ABI caused by non-fatal strangulation, so may still be an underestimate.

More recently, Brainkind's *Complex Lives* study explored the intersection of ABI and domestic abuse victimisation in 70 women in contact with the criminal justice system in Wales (Brainkind, 2024). They found that 95 per cent of the women had experienced domestic abuse, and four in five (80 per cent) had a history indicative of ABI. Domestic abuse was identified as a frequent cause of ABI, and non-fatal strangulation was highly prevalent – 78 per cent reported being held in a way that meant they could not breathe, and 51 per cent lost consciousness as a result. However, only around half of the women reporting ABI had ever attended hospital for their injuries, demonstrating that relying solely on medical records or formal diagnoses risks significantly underestimating how many women are impacted by ABI.

Taken together, these studies (along with a small number of other similar studies; see McGinley and McMillan (2019) for a review) indicate that *almost all* women in contact with the justice system have experienced domestic abuse, and that ABI is a significant consequence – affecting *the majority* of justice-involved women. Despite this high prevalence, HMPPS staff (including probation officers) often do not receive training on ABI, and have misconceptions about what an ABI is and how it might affect the individuals they are working with (O'Rourke, Linden and Lohan, 2018).

### 2.3 What are the consequences of ABI for justice-involved women?

Although most of the research on the outcomes in the justice system for people with ABI is with populations of men, the evidence that does exist for justice-involved women with ABI shows a consistent pattern:

- they face significantly more challenges both in custody and on probation
- they are more likely to have co-existing trauma, mental and physical health difficulties, and substance use difficulties
- they are more likely to have repeated contact with the justice system.

For example, O'Sullivan et al. (2019) found evidence that women in prison with ABI are more likely to become entrenched in the justice system, going round the 'revolving door' of justice system contact multiple times. This indicates that prisons are not equipping women with ABI with the skills and connections to services that they need to be able to integrate into the community on release, and that many struggle with meeting the conditions of probation.

Women with ABI are also more likely to have in-prison behavioural infractions for violence, which could be an indicator that prison life is particularly difficult to adapt to for this group (Shiroma et al., 2010). This is not a reflection of inherent aggressiveness, but rather the difficulties many women with ABI have with emotional regulation, sensory overload, social communication, and adapting to the overstimulating, unpredictable, and often confrontational prison environment. These same cognitive and emotional difficulties could also explain why women with ABI have more violent offence histories than their counterparts (O'Sullivan et al., 2019).

When on probation, women with ABI face additional barriers. Compared to their counterparts without ABI, they are more likely to have substance use difficulties, diagnoses of mental health difficulties, significant histories of trauma, and to have attempted suicide, and they are more likely to reoffend (Gorgens et al., 2021). ABI therefore often co-exists with, and can compound, existing adversity. For example, someone with mental health difficulties may find accessing support more difficult if they have an ABI; memory and executive function difficulties can impact their ability to firstly remember appointments, and then to arrange transport to get there. As a result, they may be judged as 'unmotivated' to access treatment and resultantly discharged. Compliance with probation requirements may also be challenging, and difficulties related to ABI may be misinterpreted by staff, who could then find it particularly frustrating when it feels like the person they are working with is not listening or changing behaviour (O'Rourke, Linden and Lohan, 2018).

As discussed by Gorgens et al. (2021), small adaptations to practice by probation officers can have a significant impact on improving these outcomes. Basic modifications such as repetition of key points, having meetings in a quiet space free from distractions, making sure appointments are put into calendars with electronic reminders, and scheduling briefer and more frequent appointments can significantly improve women's ability to engage with services. We discuss available training and interventions further below.

## 2.4 Invisibility in frameworks and reports

A growing number of reports highlight the impact of the extensive trauma, victimisation and health inequalities faced by justice-involved women. However, ABI (often a direct consequence of this trauma) remains largely invisible, creating a significant but remediable gap in current policy frameworks.

For example, a November 2025 report by HM Inspectorate of Probation shone a light onto safeguarding issues affecting women. The report acknowledges that women on probation frequently present with histories of domestic violence and sexual exploitation, and that domestic abuse was a significant factor in many cases, though inconsistently addressed in risk assessments. The inspection documents the elevated trauma burden among justice-involved populations, noting that individuals with four or more adverse childhood experiences were 14 times more likely to have been victims of violence. The report further identifies that women under probation supervision are 11 times more likely to die by suicide than women in the general population – and population studies consistently demonstrate that ABI is strongly associated with suicidality (Fazel et al., 2014). It further identifies a 'dual harm' cohort who engage in both self-harm and violence toward others, recognising these individuals as disproportionately affected by extensive histories of trauma and adversity. The report emphasises the need for trauma-informed approaches, particularly for women, and highlights that many practitioners were clear about applying such approaches with women but less able to articulate them for men. However, despite this focus on trauma, victimisation, and the complex vulnerabilities of women on probation, ABI is absent from the analysis.

This pattern of invisible neurological vulnerability is further evidenced by HM Inspectorate of Prisons' recent commentary on the crisis facing women subject to short, fixed-term recalls. HM Chief Inspector of Prisons (2025) reports that women in custody on short recalls are 'often trapped in a pattern of homelessness, substance addiction, and poor mental health', with over half of recalled women serving very short 14-day periods compared to 37 per cent of recalled men. These women are disproportionately released homeless, leaving prison with ongoing addiction and mental health problems, and unable to access the assessments and interventions needed within the brief period of their recall. The safety in custody statistics indicate that the rate of self-harm in the female estate is more than eight times higher than in the male estate (HM Chief Inspector of Prisons, 2025). In the inspection of HMP & YOI Bronzefield, 81 per cent of the surveyed women reported mental health problems (HM Inspectorate of Prisons, 2025). Critically, the inspection noted that 'despite a very high level of need, there was little support for victims of domestic abuse', with a programme supporting victims of domestic abuse no longer available. Only seven per cent of surveyed women approaching release who said they needed help to address trauma such as domestic violence reported receiving such support, compared with 32 per cent in similar prisons. Yet despite this extensive documentation of trauma, mental health difficulties, substance misuse, and domestic abuse histories among recalled women, neither the commentary nor the inspection report makes any reference to ABI.

The Chief Medical Officer's latest report on health across prisons, probation, and the secure NHS estate offers a comprehensive overview of the complex health needs within the justice system, including the high rates of trauma experienced by justice-involved women – two thirds of whom are victims of domestic abuse, with more than half having experienced abuse in childhood (Chief Medical Officer for England, 2025). The report also has a chapter dedicated to the high prevalence of neurodevelopmental conditions in these settings. However, despite recognising both the impact of extensive domestic abuse victimisation, and significant neurodevelopmental need, the report does not explicitly consider ABI as a potential

consequence of repetitive head trauma from domestic abuse. There is no discussion of repetitive head trauma from domestic abuse as a cause of neurological impairment, no gender-specific analysis of brain injury prevalence among women in prison, and no recommendation for routine brain injury screening as part of trauma-informed assessment.

The lack of focus upon ABI in both reports and policy frameworks is significant: repetitive head trauma from domestic abuse can produce cumulative neurological damage affecting memory, executive functions (including impulsivity and disinhibition), suicidality, self-harm, and capacity to engage with rehabilitative services. Without routine screening for ABI, women whose offending behaviour may be symptomatic of neurological impairment risk being pathologised and criminalised rather than appropriately supported, perpetuating a cycle wherein institutional responses to the consequences of victimisation generate further justice system involvement (HM Inspectorate of Probation, 2025). For women on probation, the cognitive and emotional difficulties associated with ABI may be misunderstood as non-compliance, poor engagement, or purely mental-health related challenges.

## 2.5 Why do we need a gender-responsive approach?

Pathways into the justice system for women are overwhelmingly characterised by victimisation, with many bearing the compounded psychological and neurological effects of extensive trauma. This creates a form of 'double vulnerability' – the psychological impacts of domestic abuse intersecting with the cognitive, emotional, and behavioural consequences of ABI. As Boyle (2022) discusses, while an ABI does not inherently impair parenting ability, it can nonetheless be weaponised in family court disputes, exposing women to additional legal scrutiny. For many survivors of domestic abuse, this possibility makes disclosure of a brain injury feel unsafe. These dynamics underline the need for gender-responsive practice that supports women, is sensitive to the wider contexts of their lives that may be affected by ABI, and enables access to help without necessarily requiring a formal diagnosis.

As already established, justice-involved women frequently present with histories of domestic violence and sexual exploitation, yet domestic abuse is inconsistently considered within risk assessments, and brain injury remains largely invisible (HM Inspectorate of Probation, 2025). The cumulative burden of trauma is profound: women with four or more adverse childhood experiences are 14 times more likely to have been victims of violence, creating layers of victimisation that can mask or compound symptoms of neurological impairment (HM Inspectorate of Probation, 2025). Despite this very high level of need, support for victims of domestic abuse in custody has been withdrawn or is simply unavailable. Only seven per cent of surveyed women at HMP & YOI Bronzefield approaching release who required help addressing trauma such as domestic violence reported receiving it (HM Inspectorate of Prisons, 2025).

These gaps in support contribute to the cycles in which many women become trapped. Women recalled to custody often cycle through homelessness, addiction and poor mental health, with the short length of many recalls – often just fourteen days – leaving insufficient time even to complete a mental health assessment, let alone provide appropriate intervention (HM Chief Inspector of Prisons, 2025). Self-harm rates in the women's estate are more than eight times higher than in the male estate, yet screening processes rarely consider whether self-harm, emotional dysregulation or perceived non-compliance might be symptomatic of an underlying ABI.

Current assessment frameworks also classify women as 'vulnerable' at significantly higher rates than men (20 per cent versus five per cent). However, this disparity appears to reflect gendered assumptions rather than any systematic attempt to screen for neurological

impairment in either group (HM Inspectorate of Probation, 2025). The lack of neurological framing is similarly evident in work with the 'dual harm' cohort – those who engage in both self-harm and violence towards others – who are disproportionately affected by extensive trauma histories, yet whose behaviour is almost never evaluated through the lens of possible ABI (HM Inspectorate of Probation, 2025).

Almost twenty years after the Corston Report called for a 'distinct, radically different, visibly-led, strategic, proportionate, holistic, woman-centred, integrated approach' to women in the criminal justice system (Corston, 2007), HM Chief Inspector of Prisons has expressed disappointment that alternatives to recall, such as community sentences and women's centres, are not being used effectively (HM Chief Inspector of Prisons, 2025). The continued absence of ABI screening within this gender-responsive framework represents a further failure to address the distinct vulnerabilities Corston identified – particularly for women whose trauma histories are likely to include repetitive head injury and its lasting consequences.

## 2.6 Screening for ABI in justice-involved women

The absence of comprehensive routine screening for ABI within criminal justice settings represents a fundamental barrier to identifying and supporting women whose offending behaviour, non-compliance, or apparent disengagement may be symptomatic of neurological impairment sustained through domestic abuse. Current assessment frameworks used by probation and prison services often inadequately capture ABI. For example, the Offender Assessment System (OASys) contains one question in the 'emotional wellbeing' section, which asks: *'Were any of the following reported: History of severe head injuries, fits, periods of unconsciousness?'* However, this question is ambiguous (what constitutes a severe head injury?) and does not refer to non-fatal strangulation (as discussed by ABIJN, 2025). This gap is compounded by the fact that many women will not spontaneously disclose head injuries or connect their current difficulties to past trauma, particularly where violence has been normalised, or where disclosure risks child protection consequences.

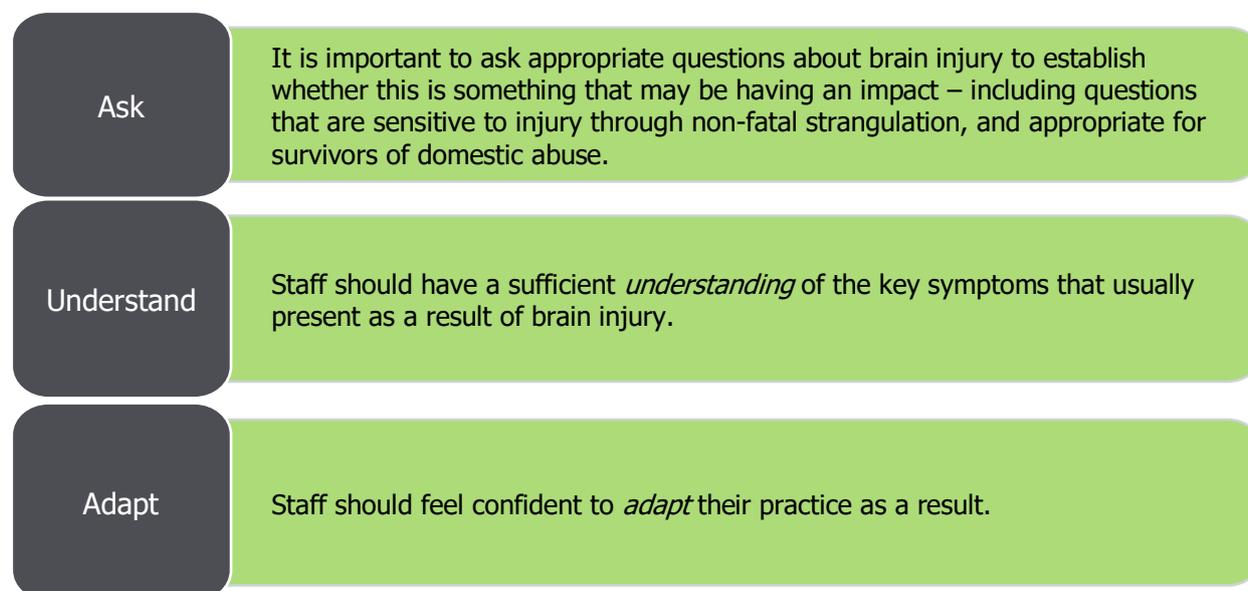
Several validated screening tools exist that could be adapted for use in justice settings. Amongst them are the [Brain Injury Screening Index](#) (BISI), a brief self-report suitable for initial triage developed by Brainkind and validated in UK prison settings including with female prisoners (Ramos et al., 2020; O'Sullivan et al., 2019). For women presenting with indicators of non-fatal strangulation, the International Association of Forensic Nurses (IAFN) [Non-Fatal Strangulation Documentation Toolkit](#) provides a structured approach to assessment and documentation of potential hypoxic brain injury. These are tools which require minimal training to administer and can be integrated into existing assessment pathways at pre-sentence report stage, reception, or initial probation contact.

Importantly, screening should be understood not as diagnostic, but as a facilitator of appropriate support. Identification of potential brain injury should trigger reasonable adjustments to communication, appointment scheduling, and programme delivery; and inform pre-sentence reports and sentencing recommendations. Implementation of routine screening should be accompanied by clear referral pathways for those who screen positive, access to neuropsychological assessment where indicated, and workforce development to ensure staff understand how to interpret screening results and adjust their practice accordingly. For women on short sentences or recalls, where contact with services is necessarily brief, even a basic screen could inform discharge planning and referral to community brain injury services.

Without systematic screening, women with brain injury will continue to be managed through frameworks designed for neurotypical populations, with expectations around engagement, compliance, and behaviour change that may be neurologically unrealistic.

## 2.7 Interventions and support

When considering how to approach interventions and support for women with brain injury, it is useful to consider the 'Ask Understand Adapt' framework outlined by Brainkind<sup>1</sup>:



Brainkind have published an e-learning module which expands on these points, available to anyone with a justice.gov email address through the Ministry of Justice training portal. Brainkind have also recently published a tool called [Adapt](#) which is designed to support professionals to have a conversation with survivors of domestic abuse about their experiences of head injury and non-fatal strangulation, and any symptoms they may be experiencing as a result. It also provides guidance about adapting practice, and some key signposting resources.

In addition to the resources offered by Brainkind, Headway<sup>2</sup> offer training for criminal justice staff in ABI, and have published a dedicated [guide for probation officers](#) supporting people with ABI. It outlines how ABI can impact on compliance, engagement, memory, communication, and emotional regulation, and includes practical strategies for adapting supervision as a result. It also gives some case examples of how people with ABI might present, and some signposting to sources of further support. Headway also have a number of useful resources for justice-involved individuals, including a [brain injury identity card](#) which people can carry with them, to show people they interact with when needed. It outlines clearly that the person has an ABI and lists some of the ways in which it might impact them.

A notable example of a specific intervention to support justice-involved women with ABI is Brainkind's Brain Injury Linkworker Service (Ramos et al., 2018). Brain Injury Linkworkers offer specialist assessment and one-to-one support for women in prison who are identified as having a history indicative of ABI. Their work focusses on helping individuals to understand their brain injury, developing ways of explaining their difficulties to others, and building practical strategies for managing symptoms. For example, a woman in prison may frequently forget what times

<sup>1</sup> <https://www.brainkind.org/>

<sup>2</sup> <https://www.headway.org.uk/>

she is able to phone home and speak to her family, leading to distress and confusion. Linkworkers work collaboratively to find a solution; for example, by using a wall-calendar to mark out dates and times to call home.

A recent evaluation demonstrated that support from Linkworkers was associated with fewer disciplinary incidents and significant improvements in engaging with prison regimes, and in symptoms of depression and anxiety following the intervention, compared to pre-intervention (Brainkind, 2025). Linkworkers also work closely with HMPPS staff, raising awareness of brain injury and sharing strategies for supporting people on probation with brain injury. Linkworkers support people to think about potential challenges on release, and practice strategies to help navigate these difficulties. They will liaise with probation officers and outside agencies, facilitating referrals where needed, to ensure a smooth transition from prison to the community. However, the Linkworker service is only available to women in specific geographical areas, so requires further funding and support to be available to all justice-involved women with an ABI.

The Global Law Enforcement and Public Health Working Group on IPV and Brain Injury are currently developing an Intimate Partner Violence (IPV) and Brain Injury Toolkit, which brings together lived experience perspectives, indigenous peoples, academics, policymakers, legislators, and frontline professionals to address the critical gap in recognition and response to brain injury among survivors of intimate partner violence. It will be published on the [Acquired Brain Injury Research Lab pages](#) when released. The Working Group has also developed a 'Brain Injury Red Flags' aide memoire for frontline staff. This resource provides practical guidance for staff across criminal justice, health, and safeguarding contexts to identify potential brain injury in women who have experienced domestic abuse, organising indicators across cognitive, behavioural, emotional, social, communication, physical, and justice-specific domains.

The aide memoire highlights how symptoms of brain injury are routinely misinterpreted in professional settings: memory difficulties may be read as lying or evasiveness; slower processing speed as lack of urgency or uncooperativeness; emotional lability as 'typical victim behaviour'; communication difficulties as intoxication or low intelligence; and inconsistent accounts during interview as fabrication or an attempt to protect the abuser. By reframing these presentations as potential neurological symptoms rather than credibility deficits, the resource equips frontline staff to adopt trauma-informed and brain injury-aware approaches, including speaking slowly, repeating information, allowing processing time, and documenting signs of head trauma or non-fatal strangulation.

The toolkit addresses a significant policy gap, and resources such as this aide memoire offer an evidence-informed, co-produced foundation for embedding brain injury awareness within gender-responsive, trauma-informed practice across the justice system.

### 3. Conclusion

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ABI is a highly prevalent yet frequently invisible consequence of domestic abuse for justice-involved women, shaping both their pathways into the justice system, and their experiences within it. Understanding that women's pathways into the justice system are often shaped by poly-victimisation across the life course, and recognising the complex trauma and support needs that women present with once inside the justice system, is essential for effective and trauma-informed practice. Despite the scale of the issue, justice-involved women remain a population who are frequently overlooked, and there is a clear need for further research to inform policy and practice in probation. Increased funding for Brain Injury Linkworkers, as well as greater awareness of ABI amongst probation staff and wider uptake of training and resources from organisations such as Brainkind and Headway, will be crucial in improving life-chances for these women.

Recent inspection evidence underscores both the urgency of this agenda and the systemic barriers that currently impede progress. Women on short, fixed-term recalls are caught in revolving-door cycles of homelessness, addiction, and deteriorating mental health, yet their brief periods in custody are insufficient for completing even basic mental health assessments, let alone screening for underlying neurological impairment. Probation practitioners, already managing complex caseloads in isolation due to inconsistent engagement from partner agencies, lack the specialist training to identify when non-compliance, emotional dysregulation, or chaotic presentation may be symptomatic of brain injury rather than wilful behaviour.

The withdrawal of domestic abuse support services from women's prisons compounds this gap, severing the very pathway through which brain injury might be identified and addressed. Current vulnerability assessments rely on subjective judgements that may reflect stereotypical assumptions rather than systematic screening, and the 'dual harm' population who present with both self-harm and violence toward others remain understood through a trauma lens alone, without consideration of neurological factors. Until brain injury screening becomes embedded within gender-responsive, trauma-informed frameworks, the criminal justice system will continue to criminalise and punish the neurological consequences of violence that women have themselves survived.

## References

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- ABIJN (2025). *Acquired Brain Injury Justice Network Briefing for the All Party Parliamentary Group on Acquired Brain Injury: October 2025*. Available at: [https://cdn.ymaws.com/ukabif.org.uk/resource/resmgr/abijn/ABIJN\\_Briefing\\_Paper\\_28\\_10\\_2.pdf](https://cdn.ymaws.com/ukabif.org.uk/resource/resmgr/abijn/ABIJN_Briefing_Paper_28_10_2.pdf)
- Banks, M.E. (2007). 'Overlooked but critical: Traumatic brain injury as a consequence of interpersonal violence', *Trauma, Violence, & Abuse*, 8(3), pp. 290-298.
- Boyle, Q., Illes, J., Simonetto, D. and van Donkelaar, P. (2022). 'Ethicolegal considerations of screening for brain injury in women who have experienced intimate partner violence', *Journal of Law and the Biosciences*, 9(2), p.lsa023.
- Brainkind (2024). *Complex Lives: Understanding the prevalence of traumatic brain injury in prison populations*. Available at: <https://brainkind.org/complex-lives/>
- Brainkind (2025). *Tailored Support Improves Outcomes for People with Acquired Brain Injuries in the Criminal Justice System*. Available at: <https://brainkind.org/news/tailored-support-improves-outcomes-for-people-with-acquired-brain-injuries-in-the-criminal-justice-system/>
- Chief Medical Officer for England. (2025). *The health of people in prison, on probation and in the secure NHS estate in England*. Department of Health and Social Care and Ministry of Justice. Available at: <https://www.gov.uk/government/publications/the-health-of-people-in-prison-on-probation-and-in-the-secure-nhs-estate-in-england>
- Corston, J. (2007). *The Corston Report: A review of women with particular vulnerabilities in the criminal justice system*. Home Office. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20130206102659/http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf>
- The Disabilities Trust (2019). *Making the Link – Female Offending and Brain Injury*. Available at: <https://brainkind.org/wp-content/uploads/2023/12/Making-the-Link-Female-Offending-and-Brain-Injury.pdf>
- Fazel, S., Wolf, A., Pillas, D., Lichtenstein, P. and Långström, N. (2014). 'Suicide, fatal injuries, and other causes of premature mortality in patients with traumatic brain injury: a 41-year Swedish population study', *JAMA psychiatry*, 71(3), pp.326-333.
- Gelsthorpe, L. (2020). 'Feminism and criminology', *Crime, inequality and the state*: Routledge, pp. 412-434.
- Goldman, L. et al. (2022). 'Understanding acquired brain injury: a review', *Biomedicines*, 10(9), p. 2167.
- Gorgens, K.A. et al. (2021). 'Traumatic brain injury in community corrections: Prevalence and differences in compliance and long-term outcomes among men and women on probation', *Criminal Justice and Behavior*, 48(12), pp. 1679-1693.
- HM Chief Inspector of Prisons. (2025). *Recall, release, repeat: The impact of short, fixed-term recalls in the women's estate*. HM Inspectorate of Prisons. Available at: <https://hmiprison.justiceinspectors.gov.uk/news/recall-release-repeat/>

HM Inspectorate of Prisons. (2025). *Report on an unannounced inspection of HMP & YOI Bronzefield*. Available at: [https://hmiprisons.justiceinspectorates.gov.uk/hmipris\\_reports/hmp-yoi-bronzefield-2/](https://hmiprisons.justiceinspectorates.gov.uk/hmipris_reports/hmp-yoi-bronzefield-2/)

HM Inspectorate of Probation. (2025). *Safeguarding adults at risk of harm supervised by the Probation Service in England: A thematic inspection*. Available at: <https://hmiprobation.justiceinspectorates.gov.uk/document/safeguarding-adults-at-risk-of-harm-supervised-by-the-probation-service-in-england-a-thematic-inspection/>

Kwako, L.E. et al. (2011). 'Traumatic brain injury in intimate partner violence: A critical review of outcomes and mechanisms', *Trauma, Violence, & Abuse*, 12(3), pp. 115-126.

McGinley, A. and McMillan, T. (2019). 'The prevalence, characteristics, and impact of head injury in female prisoners: a systematic PRISMA review', *Brain injury*, 33(13-14), pp. 1581-1591.

McMillan, T.M. et al. (2021). 'Associations between significant head injury and persisting disability and violent crime in women in prison in Scotland, UK: a cross-sectional study', *The Lancet Psychiatry*, 8(6), pp. 512-520.

Monahan, K., Bannon, S. and Dams-O'Connor, K. (2022). 'Nonfatal strangulation (NFS) and intimate partner violence: A brief overview', *Journal of Family Violence*, 37(1), pp. 75-86.

O'Sullivan, M. et al. (2019). 'Utility of the Brain Injury Screening Index in Identifying Female Prisoners With a Traumatic Brain Injury and Associated Cognitive Impairment', *J Correct Health Care*, 25(4), pp. 313-327.

O'Rourke, C., Linden, M.A. and Lohan, M. (2018). 'Misconceptions about traumatic brain injury among probation services', *Disability and rehabilitation*, 40(10), pp. 1119-1126.

Phillips, A., Miles, C. and Smyth, M. (2022). 'The importance of being trauma and gender-informed when working with women within the criminal justice system: A literature review', *Psychology of Women & Equalities Review*, 5(1).

Ramos, S.D. et al. (2018). 'Brain injury and offending: the development and field testing of a linkworker intervention', *International journal of offender therapy and comparative criminology*, 62(7), pp. 1854-1868.

Ramos, S.d.S. et al. (2020). 'The development of the Brain Injury Screening Index (BISI): A self-report measure', *Neuropsychological rehabilitation*, 30(5), pp. 948-960.

Shiroma, E.J. et al. (2010). 'Association of medically attended traumatic brain injury and in-prison behavioral infractions: a statewide longitudinal study', *Journal of Correctional Health Care*, 16(4), pp. 273-286.

Valera, E. and Kucyi, A. (2017). 'Brain injury in women experiencing intimate partner-violence: neural mechanistic evidence of an "invisible" trauma', *Brain imaging and behavior*, 11(6), pp. 1664-1677.

Wall, K. et al. (2018). 'Violence-related traumatic brain injury in justice-involved women', *Criminal Justice and Behavior*, 45(10), pp. 1588-1605.

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