



**Acquired Brain Injury
Justice Network**

**ACQUIRED BRAIN
INJURY IN THE
CRIMINAL JUSTICE
SYSTEM: THE
INTERSECTION
WITH DOMESTIC
ABUSE**

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About the **UKABIF Domestic Abuse Working Group**

The Domestic Abuse Working group is part of the UK Acquired Brain Injury Forum's ABI Justice Network. The working group covers the whole spectrum of issues related to ABI, domestic abuse, and the criminal justice system, and adopts an inclusive approach to understanding and addressing these issues in partnership with other stakeholders.

We implement our strategic objectives in relation to both survivors and perpetrators of domestic abuse who are in contact with the criminal justice system and recognise that at times there may be crossover between these groups.

INTRODUCTION

Domestic abuse is a common cause of Acquired Brain Injury (ABI), particularly for women. Repeated injuries to the head, face, and neck, as well as non-fatal strangulation, can cause lasting difficulties across a number of domains (including cognition, mental health, speech and language, impulsivity, fatigue, coordination and motor skills, and emotional regulation) (Jenkins et al., 2025). Many injuries sustained in the context of domestic abuse are never medically assessed, as survivors may be reluctant to present at hospital. Their effects are therefore easily mistaken for non-compliance, rudeness, poor motivation, substance use, or other mental health difficulties.

These issues converge in the criminal justice system, where the majority of criminalised women have experienced domestic abuse. Studies from the UK indicate that between two-thirds and four-fifths of women in prison or on probation have a history indicative of brain injury, and that most of these injuries were caused by domestic abuse (Brainkind, 2019; McMillan et al., 2021; Brainkind, 2024b).

Women's routes into the justice system are often shaped by trauma, coercive control and disadvantage that begins in childhood and builds over time (Phillips et al., 2022). Research with women in contact with the justice system in Wales found that nine in ten had experienced domestic abuse, almost three in ten had been in care as children, and two-thirds of mothers had had a child taken into care (Kent et al., 2026). ABI adds a further layer of complexity and harm, yet is rarely screened for in the justice system and is largely missing from assessment frameworks and policy (Kent & Gilmour, 2026).

This paper summarises what is known about brain injury, domestic abuse and the criminal justice system: how common it is, why domestic abuse leads to ABI, why ABIs are missed, and what this means for the people affected. We draw on evidence from across the UK and internationally. Legal definitions, offences, and justice arrangements vary between jurisdictions. We have specified the jurisdiction when discussing legislation or policy. Most of the existing evidence concerns women, but we acknowledge that this is an issue which does also affect men and LGBT+ people. Finally, we consider the impact of brain injury amongst people who perpetrate abuse.

TERMINOLOGY

DOMESTIC ABUSE

We use the definition from the Domestic Abuse Act 2021, which applies in England and Wales. Behaviour counts as domestic abuse if both people are aged 16 or over, are personally connected (for example, partners, ex-partners or relatives), and the behaviour is abusive. This can include physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, and psychological or emotional abuse. It can be a single incident or a pattern over time. Much of the international research uses the narrower term intimate partner violence (IPV), meaning abuse by a current or former partner, so where we describe those studies, we have adopted their terms.

ACQUIRED BRAIN INJURY (ABI)

Is any change in the function of the brain that happens because of an illness or injury after birth (Goldman et al., 2022). In domestic abuse, brain injuries usually happen in one of two ways. A traumatic brain injury (TBI) is caused by a blow to the head, or by violent shaking, which makes the brain move inside the skull. This can bruise the brain, cause bleeding, and damage the connections between brain cells (Valera & Kucyi, 2017). A hypoxic or anoxic brain injury happens when the brain is starved of oxygen, either partly (hypoxic) or completely (anoxic), so that brain cells are damaged or die (Monahan, Bannon & Dams-O'Connor, 2022). Both traumatic and non-traumatic ABI can happen either with or without physical impairments, so can be a 'hidden disability'.

NON-FATAL STRANGULATION (NFS)

Refers to pressure on the neck that restricts blood flow to the brain or breathing, without causing death. It is closely related to suffocation, such as covering someone's nose and mouth. Both starve the brain of oxygen. The legal position differs across the UK.

Since June 2022, non-fatal strangulation and suffocation have been specific criminal offences in England and Wales, and since June 2023, in Northern Ireland. The Scottish Government's current position is that Scot's law already includes penalties irrespective of visible injury.

DOMESTIC ABUSE AND THE CRIMINAL JUSTICE SYSTEM

An estimated 3.8 million people aged 16 and over in England and Wales experienced domestic abuse in the year to March 2025: 2.2 million women and 1.5 million men (ONS, 2025). The police also recorded more than 816,000 domestic abuse-related crimes in the same year (ONS, 2025). As well as frequency, serious harm is also disproportionately experienced by women; In the same year, there were 111 domestic homicides in England and Wales, of which 75 victims were women and 36 were men (ONS, 2026).

An analysis of 396 Domestic Homicide Reviews found that 74 involved a history of non-fatal strangulation; 81% of those strangled were female and 97% of perpetrators were male. More than half of the victims of non-fatal strangulation were later killed by the person who had strangled them, and all but one of these were women (IFAS, 2024). Because so much abuse goes unreported, the figures are likely to be even higher in reality. Worldwide, around one in three women experience physical or sexual violence from a partner, or sexual violence from someone else, during their lifetime (WHO, 2021).

Domestic abuse is especially common for women in the justice system. The Chief Medical Officer's recent report on health in prisons and probation found that two-thirds of these women are victims of domestic abuse (Chief Medical Officer for England, 2025).

Studies that interview women directly find even higher rates: 96% of women at HMP/YOI Drake Hall (Brainkind, 2019) and 95% of women in contact with the justice system in Wales (Brainkind, 2024b).

BRAIN INJURY AMONG WOMEN IN THE CRIMINAL JUSTICE SYSTEM

Brain injury in general is far more common in the justice system than in the wider population. Around half of adults in contact with the justice system have had a traumatic brain injury (Hunter et al., 2023), compared with around one in eight adults generally (Frost et al., 2013). For women, this is closely linked to domestic abuse, as three UK studies show:

MAKING THE LINK (BRAINKIND, 2019)

Brainkind (then called The Disabilities Trust) screened women at HMP/YOI Drake Hall. Nearly two-thirds (64%) had a history that suggested a brain injury, and 62% of these women said their injury had been caused by domestic abuse.

MCMILLAN ET AL. (2021)

Of 109 women in prison in Scotland, 78% had had a significant head injury, and for 89% of them the cause was domestic abuse. Women with a head injury were more likely to have ongoing disability and a history of violent offending. The study did not ask about strangulation, so the true number of injuries may be higher.

COMPLEX LIVES (BRAINKIND, 2024B)

This study interviewed 70 women in prison, on probation and in community services in Wales, and also surveyed and interviewed frontline professionals. Four in five women (80%) screened positive for a possible brain injury, and 92% had had a serious blow to the head. More than three-quarters (78%) had been held in a way that stopped them breathing, and 51% had passed out as a result.

Very few of these injuries have ever been formally recognised. In the Complex Lives study, only around half of the women with a likely brain injury had ever gone to hospital for it, and only one in ten had ever been diagnosed, even though four in five screened positive (Kent, et al., 2026). Relying on medical records or existing diagnoses will therefore miss most of the women affected. A positive screening result is not a diagnosis, but it indicates that further assessment and/or appropriate support and adjustments may be needed.

THE LIFE COURSE OF WOMEN IN PRISON

The Complex Lives study found that brain injury and domestic abuse are often found in the context of multiple overlapping disadvantage across women's whole lives. Many of the women interviewed had experienced trauma, adversity, and abuse from childhood onwards, and many had significant physical and mental health needs (Brainkind, 2024b).

For example:

- 90% had experienced domestic abuse and 78% had been strangled.

- 29% had been in care as children, compared with fewer than 1% of children in the general population.

- 71% had been homeless, and 64% had been dependent on drugs or alcohol at some point.

- 53% had another condition affecting the brain, such as ADHD, autism or a learning disability, and 52% had a long-term physical health condition.

- 82% had had suicidal thoughts, 68% had attempted suicide and 58% had self-harmed. Brainkind (2024b) also found that 84% reported two or more mental health conditions.

- Of the women who were mothers, two-thirds (68%) had had a child taken into care.

A reanalysis of these data (Kent et al., 2026) found that women who had been in care as children were more likely to have a diagnosed brain injury following a very significant blow to the head, other co-occurring neurodevelopmental conditions, and experiences of homelessness. Every single care-experienced woman had attempted suicide, compared to approximately half of those who were not care-experienced. Early adversity, domestic abuse, brain injury, and poor mental health compound and exacerbate disadvantage across these women's life courses.

Services designed to deal with one problem at a time can struggle to support women with so many overlapping needs. For example, mental health services are often reluctant to work with people who have ongoing substance use difficulties. Women are often passed from service to service, which can add to feelings of stigma and shame and make them less likely to seek help again (Brainkind, 2024b). The professionals interviewed as part of this study said that training and resources to help them talk about brain injury, and clear routes for referral would make the biggest difference.

HOW DOES DOMESTIC ABUSE LEAD TO BRAIN INJURY?

Injuries to the head, face and neck are common in domestic abuse. Studies have found that between 40% and 92% of assaults involve blows to the head, and nearly half of survivors report that they have been strangled (Kwako et al., 2011; St. Ivany & Schminkey, 2016). These forms of violence greatly increase the risk of brain injury (Monahan, 2019). Because abuse is usually repeated over a long time, many survivors are injured repeatedly over the course of several years. Many relatively 'mild' injuries can add up and accumulate to have the same effect as more serious injuries (Banks, 2007), and even a single relatively 'mild' injury can cause difficulties that last long after the event (Valera et al., 2021).

NON-FATAL STRANGULATION

Strangulation is one of the most lethal and dangerous forms of domestic abuse and an important cause of brain injury. A person can pass out within about four seconds of pressure on the arteries in the neck, and it takes less force to block the veins in the neck than to open a can of fizzy drink (Bichard et al., 2022). There are often no visible marks, so the harm is easily played down or disbelieved. Indeed, in an analysis of 204 case files of adults reporting non-fatal strangulation as part of sexual assault, fewer than half had any visible injury (White et al., 2021), and this falls to just under

12% where the victim has dark skin (White et al., 2026). The statutory guidance accompanying the Domestic Abuse Act 2021 explicitly recognises that visible marks may be absent following non-fatal strangulation, and that even temporary loss of consciousness can cause brain injury (Home Office, 2022). The resultant injury can be serious, including damage to brain cells from lack of oxygen, torn arteries in the neck, stroke, seizures and lasting problems with memory and thinking. Strangulation has been suggested as one of the leading causes of stroke in women under 40 (Bichard et al., 2022).

Between 17% and 38% of people who are strangled pass out (Bichard et al., 2022), but this is likely to be an underestimate. In one study, nearly half of those who could not remember passing out still described symptoms of oxygen loss (Dugan et al., 2024). Passing out during strangulation means that at least a mild brain injury has happened. Even without it, people may have confusion, memory loss, headaches, changes in behaviour, problems with their sight or speech, and these symptoms may appear hours or days later. It is important to ask about all of these, not just whether someone passed out. The Institute for Addressing Strangulation has a pro forma available here to support a structured history-taking.

Strangulation is indicative of particularly coercive and lethal abuse. A woman who has been strangled by her partner is seven to eight times more likely to be killed by that partner later (IFAS, 2025). Abusers often use strangulation to frighten and control, knowing it may leave no trace.

THE WIDER PICTURE: SURVIVORS IN THE COMMUNITY

Because there is limited research into ABI amongst those in the justice system who have experienced domestic abuse, we can look to research into survivors in the community to get a better understanding of what the impact of domestic abuse might be on people in the justice system.

An international review found that between 42% and 89% of people who had experienced partner violence had a brain injury (Campbell et al., 2022). The figures vary so much because studies looked at different groups (for example, women in refuges or in hospital emergency departments), measured brain injury in different ways, and did not always include strangulation. Even the lowest figures are far higher than in the general population. Brainkind's Too Many to Count (2024a) was the first UK study of brain injury among survivors using domestic abuse services in the community.

Of the survivors who took part:

- 80% had had a serious blow to the head.

- 75% had been held in a way that stopped them breathing.

- Half screened positive for a possible brain injury.

- 70% had memory problems, 63% had trouble concentrating and 33% had difficulties with speech.

Those who screened positive were also more likely to report ongoing concussion symptoms, low mood and post-traumatic stress. Symptoms of brain injury and poor mental health overlapped a lot, which makes challenging to disentangle the effects and likely that survivors might be misdiagnosed (Brainkind, 2024a).

One in four women using Women's Aid services report being strangled or suffocated (Women's Aid, 2024), and 18.9% of people seeking help at sexual assault referral centres report strangulation by a partner (White et al., 2021). Recent UK evidence also points to the potential longevity of these effects: the Drake IPV study found higher TBI exposure and ongoing adverse mental health outcomes among people with a history of IPV-related physical abuse in midlife, even where abuse had ended on average 27 years earlier (Jenkins et al., 2025).

Researchers and organisations in Australia (Nagorcka-Smith, 2024; Women's Health NSW, 2025), Canada (Toccalino et al., 2024; Adhikari et al., 2024) and the United States (Costello & Greenwald, 2022; Callaway & Ch'ang, 2025) are also paying growing attention to this issue, and this work has helped health and support services respond better to brain injury.

WHAT THIS MEANS FOR WOMEN IN THE CRIMINAL JUSTICE SYSTEM

The effects of ABI range from mild symptoms that clear up within weeks to serious, lifelong difficulties. They can include problems with memory, concentration, planning and following instructions; difficulty managing emotions and a short temper; acting on impulse; difficulty expressing oneself or understanding others; tiredness; changes to the senses; and a greater risk of suicide and self-harm (Kent & Gilmour, 2026). Because ABI is often a 'hidden disability', these difficulties are easily mistaken for unwillingness, dishonesty or not engaging.

Most research on ABI in the justice system has focused on men, but the research on women points the same way. Women in prison with a brain injury are more likely to return to prison again and again in a 'revolving door' of justice system contact (O'Sullivan et al., 2019), and to be disciplined for violence while inside (Shiroma et al., 2010). This is likely to reflect the difficulty of managing emotions, noise and communication in a busy, socially unpredictable, and often confrontational environment.

On probation, women with a brain injury are more likely than other women to have problems with drugs or alcohol, mental health diagnoses, histories of trauma and past suicide attempts, and they are more likely to reoffend (Gorgens et al., 2021).

In practice, this can have significant consequences. A woman with memory problems may forget appointments or struggle to organise transport, be seen as unmotivated, and be discharged from services. Probation staff often receive little training on brain injury (O'Rourke, Linden & Lohan, 2018), so difficulties may be treated as deliberate or willing failure to comply. Short prison sentences are also having a detrimental effect on women – who may be recalled to prison, often for spells as short as 14 days, and then get caught in

a cycle of homelessness, addiction and poor mental health, with too little time inside to even benefit from a mental health assessment (HM Chief Inspector of Prisons, 2025). Self-harm in women's prisons is more than eight times as common as in men's prisons, yet staff rarely consider whether self-harm, emotional outbursts or missed requirements might be linked to a brain injury (Kent & Gilmour, 2026).

Prison itself can make these harms worse. In a study of 24 European countries, women in prison were around ten times more likely to die by suicide than women in the general population (Fazel, Ramesh & Hawton, 2017). Many women in prison are mothers, and a prison sentence often means their children go to live with relatives or into care (Booth, 2017). Nearly half of women leaving prison have nowhere to live and are released to homelessness (Prison Reform Trust, 2022).

Brain injury can also make it harder to get help and engage with support services. Women with a brain injury face barriers such as a lack of suitable mental health support (Toor et al., 2016). Living with a brain injury can make it harder to work, and can lead to financial problems and isolation, all of which make women more vulnerable to further abuse (Brainkind, 2024a). Small changes to the way services are delivered can make a difference: repeating key information, meeting somewhere quiet, sending appointment reminders, and offering shorter, more frequent appointments can help people with a brain injury to engage (Gorgens et al., 2021).

WHY BRAIN INJURY GOES UNRECOGNISED

There are several reasons why brain injuries caused by domestic abuse are missed. Many survivors never get medical help at the time, because they are prevented from doing so, are afraid, or do not realise how serious their injuries are. Later on, their symptoms may not be linked back to the abuse retrospectively (Brainkind, 2024a).

Domestic abuse professionals often know little about brain injury, which means opportunities for support when engaging with domestic abuse services might be missed (Nemeth et al., 2023). Survivors may also be reluctant to mention symptoms because of stigma, bad past experiences with services, or fear of losing their children. Women's Aid (2022) has highlighted how survivors often feel unsupported and misunderstood in family courts, and a brain injury diagnosis could be used inappropriately or maliciously to question a woman's ability to parent (Boyle et al., 2022). Yet without ABI being identified, women may not get the extra time or support they need to understand legal processes.

For women in the justice system, where speaking up may also have consequences for their children, these barriers are especially strong.

A gendered lens is also important. Women make up around a third of people living with a brain injury, but research has historically paid little attention to differences between men and women (Haag et al., 2019). Women often have different symptom profiles, which might include more emotional, thinking-related and physical symptoms than

men (Mollayeva, Mollayeva & Colantonio, 2018), and many of these overlap with post-traumatic stress and depression. As a result, a brain injury may be mistaken for a mental health problem, and women may miss out on the right support (Manoranjan et al., 2022). Most brain injury research and practice in the justice system has been developed with men in mind, but women's injuries tend to be different: they are mostly caused by domestic abuse, often involve repeated injuries and strangulation, and come alongside significant psychological trauma (McMillan et al., 2021).

Additionally, around 1.5 million men in England and Wales experienced domestic abuse in the year to March 2025 (ONS, 2025), and brain injury can affect survivors of any gender. However, most of the research is about women, and in studies of strangulation almost all victims have been women (Bichard et al., 2022).

We know very little about ABI in LGBT+ people. Early research suggests that transgender and gender-diverse adults are affected by ABI from intimate-partner violence (Jain et al., 2024), and in one survey of 170 LGBTQ+ adults, 68% reported symptoms that suggested a brain injury from intimate-partner violence (Stranges et al., 2024). More research is needed on men and LGBT+ people, including those in the justice system.

The justice system is not set up to adequately screen for these injuries. The main assessment tool used by prisons and probation (OASys) has only one question about head injury. It does not explain what counts as a 'severe' injury and does not ask about strangulation (ABIJN, 2025). Recent inspection and policy reports have described high levels of trauma, domestic abuse and mental health need among women in the justice system, without mentioning brain injury (Kent & Gilmour, 2026). Without routine screening, women with a brain injury are expected to engage and comply with inaccessible systems in ways that may simply not be possible for them.

PEOPLE WHO PERPETRATE DOMESTIC ABUSE

The working group's remit includes people who perpetrate domestic abuse as well as survivors, and we recognise that these groups can overlap. Some women in the justice system for violent offences have themselves experienced serious abuse. Research suggests that brain injury is also common among people who perpetrate intimate-partner violence, although there is less evidence here (Campbell et al., 2022).

Brain injury does not cause or excuse domestic abuse. But problems with impulse control, managing emotions, memory and concentration may affect how well someone can take part in, and benefit from, programmes designed to change abusive behaviour. These programmes often rely on group discussion, reflection and remembering new skills. Identifying brain injury could help make sure these programmes work as intended and are designed in a way that people with ABI can engage with and benefit from, which would ultimately help to reduce the incidence of domestic abuse. More research is needed in this area.

CURRENT SUPPORT AND RESOURCES

After publishing Making the Link (2019), Brainkind held an expert roundtable, published as 'An Invisible Impact' (Brainkind, 2021a), which found gaps in awareness, training and policy. A national survey with SafeLives, 'A Practitioner's Perception' (Brainkind, 2021b), called for services to work together to respond to brain injury. These were followed by Too Many to Count (2024a) and Complex Lives (2024b). Brainkind have published several resources including 'Tips and Tricks for life after a brain injury'.

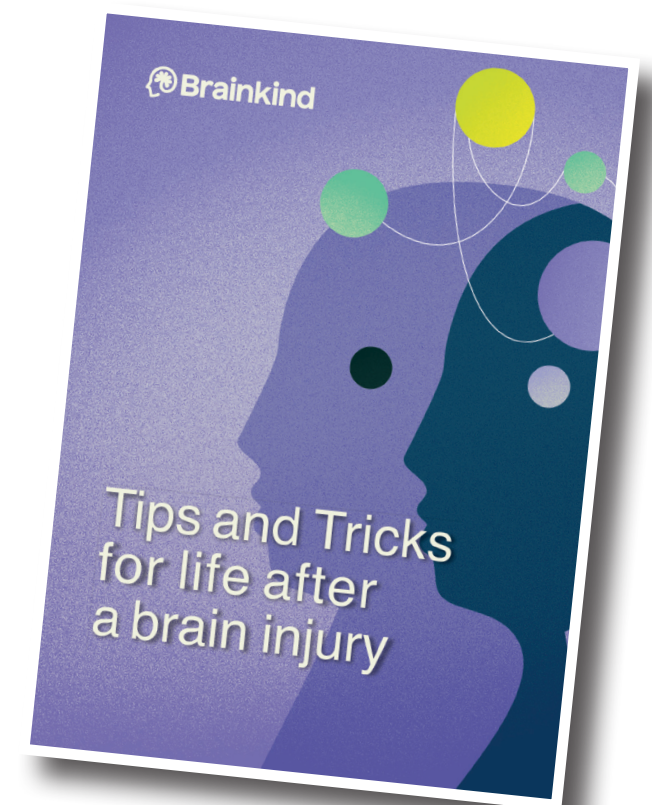
In prisons, Brainkind's Brain Injury Linkworker Service offers assessment and one-to-one support to people with a likely brain injury, including women (Ramos et al., 2018). Linkworkers help people understand their injury, explain their difficulties to others and find practical solutions, such as using a wall calendar to remember when they can phone home. They also raise awareness among prison and probation staff and help plan for release.

An evaluation found that people supported by Linkworkers had fewer disciplinary incidents, engaged better with prison life, and had less depression and anxiety (Brainkind, 2025). However, the service is only available in some areas. Brainkind's 'Ask, Understand, Adapt' e-learning course is available to justice staff through the Ministry of Justice training portal free of charge (Brainkind, 2024b).

Brainkind also works with domestic abuse services. Since July 2024 it has worked with Women's Aid to add questions about possible causes of brain injury to the records Women's Aid services keep on survivors. Brainkind has also worked with survivors and domestic abuse professionals to develop Brainkind Adapt, a free online tool that helps frontline workers talk sensitively with survivors about head injuries and strangulation, and point them towards support.



Brainkind Adapt: a tool to support people with lived experience of domestic abuse presenting with brain injury symptoms



Headway offers brain injury training for justice staff, a guide for probation officers, and a brain injury identity card that people can carry to explain their needs. Additionally, the Global Law Enforcement and Public Health Association's working group on partner violence and brain injury is developing a toolkit and has produced a 'Brain Injury Red Flags' guide, which will be published here when available.

This helps frontline staff recognise when things like memory lapses, slow responses or inconsistent accounts may be signs of brain injury rather than dishonesty or unwillingness to cooperate (Kent & Gilmour, 2026).

Finally, summaries of the training and resources currently available to justice system staff will soon be published on the webpage of the ABI Justice Network here. Anyone wishing to join the Domestic Abuse working group can get in touch via the contact form on that page.

FUTURE WORK

Building on this evidence, our working group aims to raise awareness of brain injury among professionals working with survivors and perpetrators of domestic abuse across the justice system, and to encourage screening, practical adjustments and clear routes to support.

We will also work with partners to fill gaps in the evidence, including for men, LGBT+ people and people who perpetrate abuse.

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GLOSSARY

Coercive Control

An intentional pattern of behaviour, that means to hurt, humiliate, intimidate, exploit, isolate and dominate a person, that occurs on two or more occasions, or which takes place over time, in order for one individual to exert power, control or coercion over another.

Domestic Abuse

According to the UK Government, domestic abuse is defined as behaviour of a person towards another person if they are each aged 16 or over, are personally connected, and the behaviour is abusive. Abusive behaviour includes physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, and psychological, emotional, or other abuse.

Economic Abuse

A form of abuse where the abuser controls an individual’s access to financial resources, hindering their ability to support themselves and forcing them to depend on the abuser.

Intimate Partner Violence (IPV)

IPV refers to behaviour within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours. This includes violence by both current and former spouses and partners.

LGBT+

An acronym that stands for Lesbian, Gay, Bisexual, and Transgender, with the “+” symbol representing other sexual orientations and gender identities beyond these four categories, such as queer, intersex, asexual, and non-binary. It is an inclusive term used to acknowledge the diversity within the spectrum of sexual and gender identities.

Person Experiencing Domestic Abuse

A term used to describe someone currently going through domestic abuse.

Person with Lived Experience of Domestic Abuse

An inclusive and descriptive term that focuses on the individual’s experience without labelling them. This term is used to respectfully acknowledge the journey of individuals who have experienced domestic abuse.

Physical Abuse

The use of physical force that may result in bodily injury, physical pain, or impairment. This includes hitting, slapping, and other forms of physical violence.

Psychological Abuse

Involves the infliction of emotional or mental distress through verbal or non-verbal acts. This can include threats, intimidation, and manipulation.

Sexual Abuse

Any non-consensual sexual act or behaviour. This includes rape, sexual assault, and other forms of sexual violence.

Survivor

A person who was or is being abused or harmed by another person. A term used to emphasise resilience and empowerment of individuals who have experienced domestic abuse.

Victim

A person who was or is being abused or harmed by another person. A term often used in legal contexts and official documents to denote someone who has experienced domestic abuse.



Acquired Brain Injury
Justice Network

For more information about the ABI Justice
Network's resources and links to other
ABI organisations, please scan the QR code below.

