



Australian Government

Australian Institute of Criminology

Trends & issues in crime and criminal justice

No. 650 June 2022

Abstract | This article explores whether children and young people with an acquired brain injury (ABI) might be over-represented in the criminal justice system in Victoria. It also discusses the strengths and weaknesses of the current system in responding to the needs of young people with cognitive impairment.

Interviews were conducted with participants who work closely with young people with brain injury, cognitive disabilities and impairments, and complex trauma. The findings uncover limited identification and diagnosis of ABI; young people's difficulties comprehending legal and administrative processes; the interaction between ABI, complex trauma and co-occurring conditions; inappropriate or indifferent responses by criminal justice agencies; and that living with an ABI is precarious, in and out of the system.

Appropriate, individualised support for young people with ABI should be provided at an early stage to reduce over-representation and entrenchment in criminal justice systems.

Young people with acquired brain injury: Preventing entrenchment in the criminal justice system

Gaye Lansdell, Bernadette J Saunders and Anna Eriksson

Introduction

The impact of over-representation of young people with neurological impairments in the criminal justice system is significant, both economically and socially. Community groups, medical and legal professionals and lawmakers in several countries, including the United Kingdom, France, the United States and New Zealand, are seeking to address this concerning phenomenon (Baldry et al. 2018; Chitsabesan & Hughes 2016; Goldson 2018; Lansdell, Saunders & Eriksson 2021; New Zealand Ministry of Justice 2013; Urwin 2018). However, to date in Australia, this issue has failed to receive the attention it deserves.



CRIMINOLOGY
RESEARCH GRANT

Australian jurisdictions appear to incarcerate young people with complex needs rather than reserving detention as a 'last resort' (Greig, McGrath & McFarlane 2019; Haysom et al. 2014). Research shows that 38 percent of young people in Victorian courts present with cognitive difficulties that impact daily functioning (Youth Parole Board 2019). This seems to be partly due to a lack of suitable programs to address the needs of individuals who come to the attention of protection and justice services. Current practices of youth detention have been described as 'dangerous', 'ineffective', 'unnecessary', 'wasteful' and 'inadequate' (Goldson 2018: 251). Unsurprisingly, issues with detention have been found to stem from inadequate training and support services across police, corrections, healthcare, social work and legal sectors that deal with *both* young offenders and defendants with disabilities. International research concludes that juvenile corrections institutions are 'dangerous', as they subject 'confined youth to intolerable levels of violence, abuse, and other forms of maltreatment' (Mendel 2011: 525). This context can too often result in retraumatisation and further injuries among young people with an acquired brain injury (ABI) in 'care' or custody. An ABI refers to 'multiple disabilities arising from damage to the brain acquired after birth' (Australian Institute of Health and Welfare 2015: 112), recognising that the damage may be acquired by way of stroke, trauma to the head, infection, or substance abuse.

The evidence highlights the urgent need to establish an institutional culture within youth justice systems that is based on trauma-informed practices—a culture of support that prioritises rehabilitation rather than punishment, and sustained respect for each young person's experiences and symptoms throughout the process (Winford, Howard & Richter 2019). The responsivity principle underpins the development of policies and the delivery of services for offenders with a disability, and it stipulates that service approaches and treatments should be 'matched to offender needs and characteristics' (Corrections Victoria 2008: 5). However, the availability of suitable programs is limited, with the result that many offenders with ABI and co-occurring neurological conditions are unable to effectively participate. Such an oversight ultimately leads to the potential entrenchment of individuals in justice institutions. Importantly, early intervention through the use of specialised and targeted programs has been linked to reductions in recidivism and over-representation of young offenders in both the United Kingdom and Australia (Baldry et al. 2018; Hughes & Chitsabesan 2015). It is therefore imperative that specialised early interventions and programs are developed or their number increased so that fewer young people with ABI enter the criminal justice system and, in particular, youth detention centres.

Aims and methodology

This research sought to examine the reasons for the entrenchment of children and young people with ABI in the criminal justice system in Victoria, Australia, by focusing on the strengths and weaknesses of the current system in responding to specific and complex needs. This study aimed to identify the needs of children and young people with ABI so that effective strategies can be developed within the Victorian justice system to ensure that they do not fall victim to the 'revolving door' of incarceration that has been identified with respect to adults with an ABI (Lansdell et al. 2018b). In so doing, the current project addressed the following research questions:

- How are young people with ABI involved in the criminal justice system in Victoria?
- What are the outcomes of young people with ABI in youth and criminal justice processes?
- What strategies can be implemented to assist in the development of sustainable alternative responses to young people with ABIs as compared to current approaches?

Data collection and analysis

Purposive sampling and snowballing methods were used to recruit participants who worked in a range of key stakeholder organisations. Many of these organisations provide support to young people with suspected brain injuries before, during and after criminal justice involvement and the participants could speak authoritatively about that journey and the intersections with schools, family and care settings, as well as criminal justice institutions. These participants held psychology, social work or occupational health degrees and had decades of experience in the sector. Support letters and endorsements from Youth Law, Jesuit Social Services, the Alcohol Related Brain Injury Association and the Victorian Children's Court, Magistrates' Court and County Court were included to aid in recruitment of participants from the youth legal sector as well as social and medical service providers. Recognising the potential for bias with respect to snowballing methodology, court-based participants were recruited via court registrars, who provided details of and sent invitations to participate in the project to all judicial officers and court staff within their respective courts. The inclusion criteria for all groups, including legal practitioners and judicial officers, was contact with young persons (between the ages of 14 and 21 years) living with an ABI who had been involved with any of the institutions of the criminal justice system.

Several ethical considerations were also discussed with participants prior to interviews, including review of transcripts, use of audio recording devices, and the anonymisation of cases and participants. The representation of 'a potentially vulnerable population who may experience discomfort in being interviewed and have difficulty expressing their views' informed our research considerations (Lansdell et al. 2018a: 93). We were keen to have young people's voices represented, but after discussion with some of the service providers about possible ways of interviewing young people with an ABI we decided not to include them in this research. This choice was informed by considerations about the potential risk of retraumatisation and sensitisation to the realities of this already vulnerable population.

In total, 27 interviews were conducted between November 2019 and September 2020. Twenty-three interviews were conducted in person, while the last four occurred via telephone or online platforms that allowed face-to-face interaction (Zoom and Skype). Most interviews were conducted individually and were semi-structured in nature, except for two interviews which were conducted in pairs. Interviews conducted in pairs were beneficial as they allowed participants to have an open dialogue where inconsistencies and gaps were raised during the collegial ‘back-and-forth’. The duration of interviews varied from half an hour to two hours. The interview questions focused on the challenges that arose when assisting these young people, experiences of police and court practices when assisting young persons with an ABI, participant views on the strengths and weaknesses of the system in responding to young people with an ABI or cognitive impairment, improvements that could be made to procedures with respect to identifying and responding to young people with an ABI, and alternative ways of dealing and supporting these young people within the system. Table 1 provides details of the interviews.

Table 1: Interview details, 2019 to 2020

Participant group	Number of interviews
Magistrates (Children’s Court of Victoria)	3
Magistrates (Magistrates’ Court of Victoria)	1
Judges (County Court of Victoria)	3
Lawyers (community legal services, youth legal services)	5
Neuropsychologists (private organisations assisting persons with acquired brain injury)	3
Assessment and Referral Court (ARC) List Case Managers (Magistrates’ Court)	2
Community service and support providers (private and charitable organisations supporting a range of young persons and medical and social conditions in the community)	10
Total	27

NVivo qualitative data analysis software was used when thematically analysing and coding the interview transcripts (Braun & Clarke 2006). Two research associates were independently engaged in coding. The chief investigators reviewed and supervised the coding and thematic analysis throughout the process. The first phase consisted of open coding, which treats each theme and case study as a unit of analysis to be understood as independent sets of elements. Two subsequent iterative coding processes also established relationships between the elements (Clarke, Frieze & Washburn 2017). Double-coding was used to identify relationships between the dataset, previous research on adults with ABIs, and existing literature (Raskind et al. 2019). The constant comparison within datasets and documents containing codes, quotes and interview notes allowed themes to be drawn out and ranked in terms of significance (Charmaz 2014). To determine the significance of a theme, we followed Berg’s (2004: 287) proposed guide that at least ‘three occurrences of something’ constitutes a pattern. The final analysis sought to ensure that all views expressed were acknowledged and incorporated.

Limitations

We acknowledge that a number of limitations should be considered when reflecting on the findings. First, we did not set out to interview young persons living with an ABI and with experience in the criminal justice system and its processes in order to give effect to their voices in this research. However, based on advice received from expert stakeholders we decided that we would instead rely on the views of professionals working with these young people. Second, it was also not part of this research to interview participants in detention centres. This may be an area for future research. Third, although the final number (27) is a small sample size, we attempted to ensure the sample was representative by involving a range of groups, although some stakeholder groups may have been over-represented. However, by the 27th interview we believed we had reached saturation point, where no new insights or perspectives were emerging. As this was a qualitative research project, we did not seek representative or generalisable findings (as expected in quantitative research); rather, we sought to explore the diverse insights of participants with life and professional experiences that would contribute to knowledge about this vulnerable group.

Results

Findings revealed that young people with ABIs appear very likely to be over-represented in the criminal justice system and entrenched in systems which they experience negatively from first point of contact. However, a reluctance to diagnose young people with a stigmatising condition means that many young people with symptoms characteristic of ABI are entering criminal justice systems undiagnosed. These unconstructive interactions overlapped with social factors including gender, age, complex or intergenerational trauma, cultural and linguistic diversity, as well as co-occurring conditions. These variables intersect, resulting in young people with ABI symptoms being more vulnerable to experiencing the criminal justice system as a 'revolving door'. Moreover, with each period of institutionalisation, the young person appears to be placed at risk of acquiring further brain injury or trauma.

The full report of this research (Lansdell, Saunders & Eriksson 2021) discusses the five core research themes in depth. In this article, we provide a brief overview of these themes in order of significance, starting with the most prominent theme:

- failure to identify or reluctance to diagnose ABI;
- challenging childhoods, complex trauma and co-occurring conditions;
- comprehension of complex legal processes;
- inappropriate and indifferent responses and attitudes in the criminal justice system; and
- precarious living conditions.

Failure to identify or reluctance to diagnose ABI

Awareness and understanding of ABI and resulting symptoms were inadequate across Victorian criminal justice institutions. This was especially the case for younger and female cohorts given professionals' reluctance to diagnose children and young people, and the differing symptoms that 'girls compared to boys' with ABI may exhibit (Lawyer 4, Neuropsychologist 3). All participants emphasised issues with identification and awareness, and the resulting inappropriate and ineffective responses.

The current research identified and confirmed that similar issues relating to ABI presentation and awareness affect young people and adults (Lansdell et al. 2018a, 2018b). Some research participants noted young people's difficulties in managing their behaviour, paying attention, complying with directions and keeping appointments. Issues with identifying ABI and other cognitive and neurological disabilities during professionals' interactions with young people were commonly reported. Increased training and education were frequently recommended to improve knowledge about ABI indicators.

I think education around disability would be great, for anyone who works in the courts. I think that would change a lot of things if they understood it really well. I don't know what they've trained [learnt], and I don't know what their understandings are. (Service Provider 10)

Misidentification also stems from a lack of neurological assessments and inadequate sharing of official diagnostic reports. Participants conveyed that the dearth of assessments contributed to a limited awareness, and vice versa. The assessment and formal diagnosis of ABI in young people is contentious for several reasons, including concerns about the stigma that might follow diagnosis, the financial and social costs of diagnosis, and a reluctance to diagnose ABI before the age of 25 because the young person's brain is still developing.

Neuropsychologists emphasised the medical rationale for diagnosis and medical evidence requirements in addition to considering the implications for young people following diagnosis and assignment of an ABI 'label'. Despite issues of labelling and stigma, lawyers and members of the judiciary recommended compulsory screening, as a minimum requirement, to prevent further criminal justice contact and to aid early interventions, including individualised treatment plans that would 'treat the person rather than the label' (Service Provider 5). Screening would help ensure that interventions occurred earlier than they might normally, and early intervention was regarded as significant in reducing the over-representation of these young people in the system (Baldry et al. 2018; Hughes & Chitsabesan 2015), but it is important to note the difficulties of creating a single assessment or screening tool that would pick up the various complex conditions (Hughes et al. 2012).

Challenging childhoods, complex trauma and co-occurring conditions

Young people's experiences of complex trauma emerged as a core theme in interviews, in combination with conditions including fetal alcohol spectrum disorder, post-traumatic stress disorder, intellectual disability, and speech developmental issues. This is consistent with previous studies in Victoria involving adults with ABI (Eriksson et al. 2019; Lansdell et al. 2018a, 2018b), as well as previous academic studies on cognitive and intellectual disability (Baldry et al. 2018). The current research results highlight the complex and multifaceted disadvantage that young people with ABIs are likely to have experienced in their lives.

A range of factors including family neglect and violence, other forms of victimisation, substance misuse and precarious housing situations contribute to the acquisition of brain injuries and compound the trauma experienced, as identified in the following statement:

Very often people with ABI live physically precarious lives where they don't get adequate family attention or they will grow up in situations where they are not supervised very much so they will get in fights, more likely to get in fights where injury can occur or they will engage in really chronic drug use resulting in ABI. So you can have the whole gamut. So somebody who has got an entrenched drug problem...will get associated dishonesty offences relating to that problem. They are more likely to be involved in...difficulties, assault, offending. So, it's across the spectrum. (County Court Judge 1)

The prevalence of complex trauma and co-occurring conditions highlights the need to prioritise behavioural management and support for individual needs over obtaining an official diagnosis. Participants emphasised that 'another assessment' or diagnosis does not illuminate the 'many complexities' of separating the behavioural symptoms of ABI from the symptoms of trauma, another disability or diagnosed condition, or ongoing mental health issues (Service Provider 6).

Frequent traumatic experiences and/or brain injuries are linked to the theme of 'system as trauma'; that a 'failing system can itself be the source of trauma' (Royal Commission into Victoria's Mental Health System 2019: 10; see also Cunneen, White & Richards 2015). As Service Provider 6 noted, young people are exposed to a justice system that is 'traumatising them for having a traumatised brain'. Research participants reported that young people experienced trauma during interviews with both police and lawyers, and they provided examples of young people being 'talked down to' and questioned repeatedly in court:

You've got others with no knowledge, who won't even recognise an ABI or call on it, and then just punish them for behaviour immediately, which is a further trauma. And that's what we do, we're re-traumatising traumatised people consistently, because they've been obviously medically somehow or innately traumatised in their brain. And then, we're traumatising them for having a traumatised brain. (Service Provider 6)

Case studies discussed in interviews provided further evidence of how young people with ABIs, complex trauma and co-occurring conditions can be retraumatised in a manner that adversely affects their physical and psychological health and 'sets people up to fail' (Service Provider 1, Neuropsychologist 3) in a system which is overly complex and inconsistent. Young people's behaviours may become increasingly hard to manage within highly unnatural custodial environments, increasing the likelihood that they will accrue additional charges. Appropriate, constructive, trauma-informed support in a nurturing environment is wanting for these troubled young people.

Comprehension of complex legal processes

The inability to understand the consequences and the severity of their actions, to understand court processes and bail conditions, and to comply with court orders, including engagement in mandated programs, were cited as key challenges that young people with ABI faced. This was particularly concerning for lawyers, judges and magistrates, who described the inability of young people with ABI to remember court and legal appointments and to comply with bail conditions. These tasks were described as ‘difficult’ and ‘impossible’ (Lawyers 1 and 4, Service Providers 1 and 3, County Court Judge 3). Legal professionals found that ensuring a young person understood court processes was the ‘most obvious challenge’ (Lawyer 2, Children’s Court Magistrate 1), because the behaviour and aptitude of cognitively impaired young people vary considerably across a broad spectrum.

Service providers and lawyers further emphasised that clients with ABIs were often unable to give instructions due to their limited ability to contemplate the long-term consequences of their actions. Young people with ABI have difficulties in regulating behaviour and emotions, including impulsivity and memory issues, fear of stigma and labels (eg being called a ‘nuffy’; Lawyer 4), and frustration when feeling unheard or misunderstood from their first point of contact with the criminal justice system until the time they leave custody (see Saunders et al. 2018 for stigma informing attitudes toward adults with ABI).

The complexity of the system also leads to inconsistent approaches taken by justice professionals, who find it difficult to keep up with the patchwork of policy changes. Participants spoke of ‘ridiculous expectations’ of ‘reasonable laypeople’ that young people with ABIs would comprehend and comply with court conditions (Lawyer 2, Neuropsychologist 3). This discussion of a complex ‘ad hoc’ system confirms previous research in Victoria (Armytage & Ogloff 2017; Brown & Kelly 2012) and other jurisdictions, where bail and community supervision conditions have been found to be increasingly ‘onerous’ (Baldry et al. 2018: 641). Such conditions are often viewed as another official reason to ‘check up on’ or ‘discriminate against’ these young people (Lawyer 2, ARC List Case Manager 1, Service Provider 1).

Inappropriate and indifferent responses and attitudes in the criminal justice system

Service providers observed inappropriate and disrespectful responses to young people with cognitive issues from police and custodial officers. These unconstructive responses were attributed to a lack of awareness, inadequate education and training, and institutional attitudes that favoured punitive actions over responsive, empathetic and rehabilitative approaches. This punitive institutional culture and environment can contribute to the retraumatisation, entrenchment and over-representation of young people with ABI in the criminal justice system. The following insights encapsulate these sentiments:

You don’t have people who aren’t qualified... [You need people] who understand trauma, who understand kids’ responses, and de-escalate. [To] understand you’ve got to get to the kernel of what the issues are...to help them [to contribute] to society...and improve their quality of life.
(Children’s Court Magistrate 1)

Such narratives on the custodial environment also align with repeated participants' statements that emphasised prison as inappropriate and harmful for young people with ABI or other disabilities or mental health issues. Words such as 'punitive', 'intrusive' and 'harsh' were frequently used to describe institutional responses. Participants suggested that existing punitive and hostile environments could be improved in three main areas: increasing therapeutic approaches to provide holistic engagement in a 'homely' environment, providing compulsory therapy during periods of containment, and building upon therapeutic approaches in residential care.

Judicial officers repeatedly referred to 'discretion and difference' when discussing the responses of their peers and other professionals to young people with an ABI. However, it appears that these professionals are willing to devote time (if policy permits) to understanding each client, especially those who present with ABI-like symptoms. Lawyers also discussed related challenges, including the lack of funding and/or time to attend training, and resources to support, brief and interview clients. The importance of education and training to identify ABI is apparent in light of the following observation, which highlights the seeming normality of some young people with ABIs during initial interactions:

I don't know what the training is with the cops or anything like that, but I suppose education around it would be really helpful as well. So, then they know. You see a kid, and this is the thing with cognitive disability, all of my clients look completely normal... If you see one of them running around, doing dumb shit like committing crimes, you're just like, you're a turd and we need to punish you for it. And you're not thinking about their mental capacity or what's going on for them in their history. I suppose if you're in the police force and you've been there for a while, you would only have that view. I don't know. I think it'd be difficult to shift it, but it needs to happen. (Service Provider 10)

As evidenced in the above quotes, participants frequently linked poor responses and attitudes to inadequate training, skills and experience in identifying ABI-related signs and symptoms, thus potentially allowing young people with ABIs to 'slip through the net'. Participants also cited inadequate training and a lack of skills as responsible for discrepancies in approach and case outcomes, as well as poor support along pathways from youth to adult criminal justice systems.

Precarious living conditions

The issue of homelessness and unstable, precarious living was frequently raised in interviews in conjunction with issues of family violence, neglect and drug use. These issues disproportionately affect young people with ABI and may lead them to gravitate towards criminal justice involvement. The following judicial statement outlines the 'fundamental' aspects of stable accommodation, supported living, and managing ABIs through appropriate health and social supports and behaviour management:

[Community correction] Orders contain sort of rehabilitative actions that are taken like drug use or mental health treatments but, you know, where do they live? Who supports, what sort of accommodation? Accommodation is a fundamental one, and supportive accommodation. And you know for people with ABI that is a huge difficulty... I mean you know, the bail situation has completely changed, so that you know, two thirds of people who used to get bail, are now not getting bail. That's going to include people with ABI because homelessness virtually assures that you are not going to get bail. (County Court Judge 1)

Periods of homelessness and unstable, precarious living may lead to additional injury and trauma. Children’s Court Magistrate 1 emphasised the need to properly assess whether a young person is homeless and mandate supported accommodation or sustainable living options for young people with ABIs and other disabilities:

So a kid is not homeless if there is somewhere [such as a] residential care place. But if they are not ever there, they are on the streets every night...I think you can form your own view as to whether or not it constitutes that they are homeless. (Children’s Court Magistrate 1)

Service providers, case managers and lawyers also observed the prevalence of homelessness experienced by young people with whom they are in contact. These findings related to homelessness and precarious living confirm the need to revisit release and reintegration initiatives that support enhanced access to accommodation and sustainable living conditions.

Discussion and conclusion

Our results suggest an urgent need for policy reform that includes a shift of resources from a punitive focus toward rehabilitation, reintegration and diversion. Overall, greater supports and welfare-based approaches are required to reduce the likelihood of young people with ABI becoming entrenched in the Victorian youth justice and criminal justice system. Interviewees suggested ways this could be done. Judges, magistrates and lawyers in particular outlined ideal scenarios and solutions resting on the provision of supportive and rehabilitative responses to young people with ABI and associated cognitive disabilities or impairments:

- introduce compulsory screening and early intervention for young people entering the system and, in particular, for those exhibiting challenging behaviours;
- prioritise rehabilitation through treatment and support including prosocial behavioural programs;
- ensure that all staff in criminal justice institutions are alert, empathetic and responsive to the various circumstances, experiences and needs of young people with an ABI;
- provide young people with an ABI with the individualised supports and skills they need to well integrate into their communities;
- increase access to ARC Lists;
- broaden the criteria for prevention and diversion initiatives to include young persons with an ABI;
- require clear and constructive communication during police interviews and court questioning;
- increase access to suitable employment opportunities and supported accommodation; and
- establish service hubs—a ‘one-stop shop’ for accessing services.

Overall, the research confirmed the findings of prior research with adult populations (Eriksson et al. 2019; Lansdell et al. 2018a, 2018b; Saunders et al. 2018) and revealed that ABI remains under-assessed, misunderstood and therefore too often unidentified in Victorian youth and criminal justice institutions. A negative trajectory tended to follow poor interactions or follow-up, especially after first point of contact with police officers. These interactions were often influenced by the effects of poor social and familial support, gender, age, complex or intergenerational trauma, cultural and linguistic diversity, and other co-occurring variables. Importantly, these intersecting factors render young people vulnerable to repeated criminal justice interactions and possible acquisition of further brain injury, psychological trauma and stress with each institutional interaction. Institutional issues that further complicate the situation include stigmatising labels, systemic discrimination, overtly punitive attitudes, institutional abuse, racism and inappropriate or insufficient support, all of which render young people with ABIs vulnerable to vicious cycles of homelessness and precarious living, substance misuse, and systemic entrenchment.

This pathway by which marginalised children and young people become entrenched in the youth justice and subsequently adult criminal justice systems is further evidenced in Baidawi and Sheehan's (2020: 1) work, which analyses the over-representation of children who have 'crossed over' from child protection services to custody. Our research revealed that many of the children and young people with neurological impairments in the criminal justice system belong to the same cohort of 'crossover children'.

Notwithstanding the methodological limitations of this research outlined above, results confirm the urgent need to provide appropriate and individualised support for young people with ABI at an early stage. Most participants emphasised that a systemic overhaul is required to shift current punitive tendencies toward rehabilitative, therapeutic, integrative, diversionary and welfare-based approaches that have been found to be effective in responding not only to young people with ABIs or other disabilities but to broader youth populations.

References

URLs correct as at September 2021

Armytage P & Ogloff J 2017. *Meeting needs and reducing offending: Youth justice review and strategy: Executive summary*. Melbourne: Victorian Government. <https://www.justice.vic.gov.au/justice-system/youth-justice/youth-justice-review-and-strategy-meeting-needs-and-reducing-offending>

Australian Institute of Health and Welfare 2015. *The health of Australia's prisoners*. AIHW cat. no. PHE 207. Canberra: AIHW. <https://www.aihw.gov.au/reports/prisoners/health-of-australias-prisoners-2015>

Baidawi S & Sheehan R 2020. *'Crossover' children in the youth justice and child protection systems*. London: Routledge

Baldry E, Briggs DB, Goldson B & Russell S 2018. 'Cruel and unusual punishment': An inter-jurisdictional study of the criminalisation of young people with complex support needs. *Journal of Youth Studies* 21(5): 636–652. <https://doi.org/10.1080/13676261.2017.1406072>

- Berg S 2004. *Qualitative research methods for the social sciences*, 5th ed. Boston: Pearson Education
- Braun V & Clarke V 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brown S & Kelly G 2012. *Issues and inequities facing people with acquired brain injury in the criminal justice system*. Melbourne: Victorian Coalition of ABI Service Providers Inc
- Charmaz K 2014. *Constructing grounded theory*, 2nd ed. Thousand Oaks: Sage
- Chitsabesan P & Hughes N 2016. Mental health needs and neurodevelopmental disorders amongst young offenders: Implications for policy and practice. In J Winstone (ed), *Mental health, crime and criminal justice: responses and reforms*. London, Palgrave Macmillan: 109–130
- Clarke AE, Friese C & Washburn R 2017. *Situational analysis grounded theory after the interpretive turn*, 2nd ed. Los Angeles: Sage
- Corrections Victoria 2008. *Protocol between Corrections Victoria, Department of Justice and Disability Services and Department of Human Services 2008*. Melbourne: Victorian Government Department of Human Services. <https://www.corrections.vic.gov.au/protocol-between-corrections-victoria-department-of-justice-and-disability-services-department-of>
- Cunneen C, White RD & Richards K 2015. *Juvenile justice: Youth and crime in Australia*, 5th ed. Oxford University Press
- Eriksson A, Saunders B, Lansdell G & Bunn R 2019. ‘Short fuse and no filter’: Acquired brain injury – how a medical disability transforms into a social and criminal justice concern. *International Journal of Law, Crime and Justice* 57: 126–136. <https://doi.org/10.1016/j.ijlcrj.2019.03.008>
- Goldson B 2018. *Juvenile justice in Europe: Past, present, future*. London: Taylor & Francis
- Greig H, McGrath A & McFarlane K 2019. ‘Taking the wheels off’: Young people with cognitive impairment in out-of-home care. *Psychiatry, Psychology and Law* 26(6): 920–937. <https://doi.org/10.1080/13218719.2019.1644249>
- Haysom L, Indig D, Moore E & Gaskin C 2014. Intellectual disability in young people in custody in New South Wales, Australia: Prevalence and markers. *Journal of Intellectual Disability Research* 58 (11): 1004–1014. <https://doi.org/10.1111/jir.12109>
- Hughes N & Chitsabesan P 2015. *Supporting young people with neurodevelopmental impairment*. London: Centre for Crime and Justice Studies
- Hughes N, Williams H, Chitsabesan P, Davies R & Mounce L 2012. *Nobody made the connection: The prevalence of neurodisability in young people who offend*. London: Office of the Children’s Commissioner
- Lansdell G, Saunders B & Eriksson A 2022. *Young people with acquired brain injury: Preventing entrenchment in the criminal justice system*. Report to the Criminology Research Advisory Council. Canberra: Australian Institute of Criminology
- Lansdell G, Saunders B & Eriksson A (eds) 2021. *Neurodisability and the criminal justice system: Comparative and therapeutic responses*. London: Edward Elgar

Lansdell G, Saunders B, Eriksson A, Bunn R & Baidawi S 2018a. Enhancing the rights and well-being of people with acquired brain injuries in the criminal justice system: Some findings from a qualitative study. *Australian Journal of Social Issues* 53 (2): 88–106. <https://doi.org/10.1002/ajs4.41>

Lansdell G, Saunders B, Eriksson A, Bunn R & Baidawi S 2018b. 'I'm not drunk, I have an ABI': Findings from a qualitative study into systematic changes in responding to people with acquired brain injuries in the criminal justice system. *Psychiatry, Psychology and Law* 25 (5): 737–758. <https://doi.org/10.1080/13218719.2018.1474818>

Mendel R 2011. *No place for kids: The case for reducing juvenile incarceration*. Baltimore: Annie E. Casey Foundation

New Zealand Ministry of Justice 2013. *Youth crime action plan: 2013–2023*. New Zealand Government. <https://www.justice.govt.nz/justice-sector-policy/key-initiatives/cross-government/youth-crime-action-plan/>

Raskind IG, Shelton RC, Comeau DL, Cooper HLF, Griffith DM & Kegler M 2019. A review of qualitative data analysis practices in health education and health behaviour research. *Health Education & Behaviour* 46(1): 32–39. <https://doi.org/10.1177/1090198118795019>

Royal Commission into Victoria's Mental Health System 2019. *Interim report summary*. Parliamentary Paper no. 87. Melbourne: Royal Commission into Victoria's Mental Health System

Saunders B, Lansdell G, Eriksson A & Bunn R 2018. Friend or foe: The media's power to inform and shape societal attitudes towards people with acquired brain injury. *Disability and Society* 33(6): 932–953. <https://doi.org/10.1080/09687599.2018.1466692>

Urwin J 2018. *A return to social justice: Youth justice, ideology, and philosophy*. London: Palgrave MacMillan. <https://doi.org/10.1007/978-3-319-73043-1>

Winford S, Howard A & Richter J 2019. *Recognition, respect and support: Enabling justice for people with an acquired brain injury*. Melbourne: Jesuit Social Services & RMIT University. <https://jss.org.au/recognition-respect-and-support-enabling-justice-for-people-with-acquired-brain-injuries/>

Youth Parole Board 2019. *Annual report 2018–19*. Melbourne: Victorian Department of Justice and Community Safety. <https://www.justice.vic.gov.au/justice-system/youth-justice/youth-parole-board-annual-report-2018-19>

Dr Gaye Lansdell is an Associate Professor in the Faculty of Law at Monash University.

Dr Bernadette J Saunders is a Senior Lecturer in the Faculty of Medicine and Health Sciences, Social Work at Monash University.

Dr Anna Eriksson is an Associate Professor in the Department of Criminology, School of Social Sciences, Faculty of Arts at Monash University.

General editor, *Trends & issues in crime and criminal justice* series: Dr Rick Brown, Deputy Director, Australian Institute of Criminology. Note: *Trends & issues in crime and criminal justice* papers are peer reviewed. For a complete list and the full text of the papers in the *Trends & issues in crime and criminal justice* series, visit the AIC website at: aic.gov.au

ISSN 1836-2206 (Online) ISBN 978 1 922478 53 5 (Online)

<https://doi.org/10.52922/ti78535>

©Australian Institute of Criminology 2022

GPO Box 1936
Canberra ACT 2601, Australia

Tel: 02 6268 7166

Disclaimer: This research paper does not necessarily reflect the policy position of the Australian Government

aic.gov.au