

Reducing Recidivism by Treating Traumatic Brain Injury in Sexual Offenders

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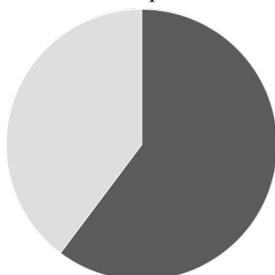
Abstract

- ❖ Traumatic Brain Injury (TBI) is a significant problem among prisoners in the U.S., including sexual offenders.
- ❖ Treatment of TBI and its negative outcomes such as aggression is important to enhance an individual's functioning.
- ❖ There is very little research on the treatment of TBI in sexual offenders, and no research on treatment of TBI in sexual offenders as a means of reducing recidivism.
- ❖ The assertion of this poster is that sexual offenders with TBI should receive treatment for TBI and its negative outcomes including aggression, thus reducing recidivism rates.

TBI in the Prison Population

- ❖ The prevalence of TBI in the overall prison population was found to be 60.25% and only 8.5% in the general population; overall, TBI is estimated to affect 1.7 million Americans each year (Piccolino & Solberg, 2014).

Prison Population



■ With TBI ■ Without TBI

Introduction

- ❖ According to Langevin and Curnoe (2008), brain damage or dysfunction is a common feature of sex offenders or paraphilics, as is a history of brain injury or brain disorder.
- ❖ TBI is a significant risk factor in sexual offending and is a predictor for sexual reoffending (Rodriguez, Boyce, & Hodges, 2017).
- ❖ According to Piccolino & Solberg (2014), a history of TBI is associated with higher recidivism rates and more prior incarcerations compared to no history of TBI.
- ❖ Ray and Richardson (2017) indicated individuals with TBI were more likely to recidivate sooner than individuals without TBI and they had an increased rate of prior arrests.

- ❖ TBI can lead to many negative outcomes including:

- ❖ Increased aggression
- ❖ Hypersexual behavior
- ❖ Lack of impulse control
- ❖ Violence
- ❖ Involvement in the criminal justice system (Ray & Richardson, 2017)

- ❖ Aggression after a TBI can negatively impact social functioning, vocational functioning, and rehabilitation.
- ❖ TBI symptoms can include impairment in executive cognitive functioning, such as the abilities to plan, organize, and consider consequences (McQuaid & Bankman, 2013).
- ❖ The assertion of this poster is that sexual offenders with TBI should receive treatment for TBI and its negative outcomes including aggression, thus reducing recidivism rates.



Discussion

- ❖ If incarcerated individuals receive the appropriate treatment for TBI while incarcerated, they may be less likely to reoffend upon release from incarceration.
- ❖ Medications are often used to treat negative effects of TBI including headaches, sleeping problems, aggressive or violent behavior, self-injurious behavior, inattention, distractibility, depressed mood, impulsivity, and hypoarousal (Aaronson & Lloyd, 2015; Sudarsanan, Chaudhary, Pawar, & Srivastava, 2007).
- ❖ Other treatments for TBI include cognitive rehabilitation, cognitive behavioral therapy and skills training (Ross & Hoaken, 2010).
- ❖ It is useful to teach skills such as vocational, behavioral, and social skills to individuals with TBI to assist them in rehabilitation.

❖ The overarching implication of the research is that treatment of TBI and its negative outcomes in sexual offenders should result in a decrease in recidivism rates.

- ❖ However, more research needs to be conducted on treatment for TBI in sexual offenders.
- ❖ In particular, research is needed to determine whether treatment of TBI in sexual offenders reduces recidivism rates.

Summary

- ❖ In conclusion, many sexual offenders have suffered from a TBI and its negative outcomes including increased aggression, hypersexual behavior, reduced impulse control, and violence.
- ❖ TBI is associated with higher recidivism rates.
- ❖ Treatment of TBI in sexual offenders should include current effective treatments.
- ❖ Sexual offenders should receive treatment for TBI while incarcerated and after release from incarceration.
- ❖ Such treatment should result in reduced rates of recidivism.

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