

#### Health Justice Tuesdays

#### Health and the Criminal Justice System

October 8, 2019 Promise Holmes Skinner and Dr. Flora Matheson



*Health Justice* Tuesdays – *Supported* by: Legal Aid Ontario (Program Funding) St. Michael's Family Health Team and Hospital (In Kind Support) **AFHTO Bright Lights Award** Nasmith Award (DFCM) Organized by Education Subcommittee: Gary Bloch, Emily Hill, J. Stone, R. Shoucri

#### **HEALTH JUSTICE PROGRAM**









#### **St. Michael's** Inspired Care. Inspiring Science.

Academic Family Health Team

#### Presenters

Dr. Flora Matheson Scientist II



#### Promise Holmes Skinner, JD Criminal Lawyer, Adjunct Professor



## **Presenter Disclosure**

Faculty: Dr. Flora Matheson

Relationships with commercial interests:

- Grants/Research Support: None
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Other: None

Faculty: Promise Holmes Skinner

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- Grants/Research Support: None
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Other: None

## **Disclosing Commercial Support**

This program has not received financial support nor inkind support from any commercial interests

Potential for conflict(s) of interest:Not applicable

## **Mitigating Potential Bias**

• Not applicable

#### Agenda & Objectives

- 1. Case Scenario
- 2. TBI in the criminal justice system
- 3. TBI and legal considerations
- 4. Interactive Discussion

Purpose of the seminar:

• To improve your understanding of traumatic brain injury in the criminal justice system and to apply this knowledge to health care delivery.

**Objectives:** 

- To examine the symptoms of traumatic brain injury.
- To understand why people with a traumatic brain injury are at a disadvantage in the criminal justice system.
- To explore the health care professional role to support patients with lived experience of traumatic brain injury and criminal justice involvement.

## **Case Scenario - ?**

• A 28 year old patient has a recent traumatic brain injury as a result of an attack by a group of 5 people. He was trying to defend himself until he was struck on the forehead/top of skull and collapsed. He did not contact the police or go to the hospital. He was arrested 5-days later after an unrelated alteration with the police. During the arrest his injury started to bleed again. He asked to go to the hospital after being arrested but his request was refused. At the station he asked to see a doctor to address his wound but was again refused. No one cleaned his wound after he asked. In custody, he saw a nurse and was told he had a probable concussion, but still no doctor. He was placed in segregation in August 2019. He sees a lawyer and was released on October 4<sup>th</sup>, 2019. He needs healthcare, he's Indigenous, he's homeless, and he has no identification.

# What health and social issues come to mind when you think about this case scenario?



#### Health Justice Tuesdays

### 1. TBI and Criminal Justice: research findings

#### **Navigating the Adult Criminal Justice & Mental Health Systems**

#### **Adult Criminal Justice System**



For more information, visit www.ontario.cmha.ca

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# Social determinants of health and brain injury

- While TBI occurs across all levels of sociodemographic status, evidence suggests a strong socio-economic gradient with individuals from disadvantaged backgrounds being at greater risk. (Colantonio et al., 2014; Hwang et al., 2008; Williams et al., 2006)
- We also know that the sequelae of TBI are most often superimposed on pre-existing language and literacy impairments as well as mental health, substance use and addictions challenges. (Hughes et al., 2012; Snow et al., 2012; Snow et al., 2016).

#### **Brain Injury: Criminal Justice Populations**

- Adverse early life experiences are common for persons with a history of TBI and incarceration particularly for criminalized women. (Colantonio et al., 2014)
- In Ontario, men and women who sustained a TBI were about 2.5 times more likely to be incarcerated than men and women who had not sustained a TBI. (McIsaac, Matheson et al., 2016)
- Recent findings indicate that people with TBI are more likely to incur a serious charge and less likely to achieve discretionary release.

## **Brain Injury in Criminal Justice Populations**

- In a screening study (from S Ca, USA) the average reported number of TBIs for an individual prisoner was about four, and some reported up to a dozen. (Pickelsimer 2012)
- Injury counts are likely underestimated. In a recent study, many participants "were unaware of injuries they might have sustained as babies or young children, and even adulthood injuries were not entirely clear to prisoners". (Ferguson et.al.2012)
- TBI can lead to attentional and memory deficits as well as increased anger, impulsivity and irritability—which make for a poor match with the corrections world. (Gordon 2012)
  - "Prisoners were often not aware that a single event—or a series of them—could be making it harder for them to earn a ticket out of jail, or avoid being sent back in the future". (Pickelsimer 2012)

#### **Brain Injury in Criminal Justice Populations**

- Having a history of diagnosed TBI and/or repeated hits to the head neck or face increases the risk of recidivism by 69%. (Ray et al., 2017)
- Violence is both a cause and sequelae of TBI.
- These prevalence rates are so significant that the U.S. Centers for Disease Control and Prevention (CDC) have identified TBI among prisons and jails as a significant public health problem. (CDC Brainline.org)

# TBI, Cognition, & Communication: How we think and interact with others

Communication: Listening, Speaking, Reading, Writing & Thinking

Behavior:

Impulse control, Emotional (Dys)regulation, Changes in affect

Traumatic Brain Injury Emotion: Heightened or blunted emotional response, Depression, Anxiety

Cognition: Attention, Memory, Processing Reasoning, Problem – Solving, Executive Functions

# **Professional misconceptions**

- All of these challenges can be misinterpreted as (Snow & Powell, 2012):
- Non compliance
- Rudeness
- Defiance
- Poor motivation
- Disengagement



# Why is This Important Within the Context of Criminal Justice?

• The trajectory of criminal justice involvement e.g., from interactions with police, and frontline workers, probation and parole officers, to formal proceedings, (e.g. bail hearings, court trials) involves complex social interactions that typically require high-level and fast paced processing of information, understanding and responding. (Wszalek & Turkstra, 2015)





#### Health Justice Tuesdays

#### 2. Legal Solutions

## Legal solutions to health issue

- Alternative to arrest
- Crown withdrawal of charge(s) or diversion
- Education that brain injury related to arrest can be treated and at bail that they are not a risk to the public
- At sentencing, consider effects of brain injury (moral blameworthiness)

## Advocacy

- Write clear and detailed letters to lawyers on health/social impact of head injury (pretend we are Martians)
- Take initiative for information/interviews for lawyers
- Be an advocate with other practitioners and with the Ontario Medical Association
- Education patients and fellow health professionals

#### **Recall Case Scenario**

A 28 year old patient has a recent traumatic brain injury as a result of an attack by a group of 5 people. He was trying to defend himself until he was struck on the forehead/top of skull and collapsed. He did not contact the police or go to the hospital. He was arrested 5-days later after an unrelated alteration with the police. During the arrest his injury started to bleed again. He asked to go to the hospital after being arrested but his request was refused. At the station he asked to see a doctor to address his wound but was again refused. No one cleaned his wound after he asked. In custody, he saw a nurse and was told he had a probable concussion, but still no doctor. He was placed in segregation in August 2019. He sees a lawyer and was released on October 4<sup>th</sup>, 2019. He needs healthcare, he's Indigenous, he's homeless, and he has no identification.

### **Patient care discussion**

• If this person presented to you in your practice, what would you do?

## **Referral Options**

- Anishinaabe Health Toronto (AHT)
- Aboriginal Legal Services
- The Toronto ABI Network
- Traumatic Brain Injury (TBI) Clinic at Sunnybrook,
- Head Injury Clinic, St. Michael's Hospital
- Krembil Brain Institute, Toronto Western Hospital
- Cota's Acquired Brain Injury (ABI) Case Management program

#### HEALTH JUSTICE PROGRAM

#### Health Justice Tuesdays

Feb. 12, 2019	Health and Housing Law - Dr. Andrew Bond and Benjamin Ries
March 19, 2019	Health and Family Law - Dr. Kathleen Doukas and Ishbel Ogilvie
April 9, 2019	Health and Income Security Law - Dr. Gary Bloch and Anu Bakshi
May 14, 2019	Health and Immigration Law - Dr. Vanessa Redditt and Jennifer Stone
May 28, 2019	Legal Issues affecting people living w HIV/AIDS - Dr. Gordon Arbess and Ryan Peck
June 18, 2019	Health, Law and Indigenous Peoples - Melissa Stevenson, Dr. Fatima Uddin and Emily Hill
Sept. 10, 2019*	Health and Capacity, Decision-Making, and Advanced Care planning - Dr. Bill Sullivan and Mercedes Perez
Sept. 24, 2019	Health and Employment Law - Dr. Andrew Pinto and Nabila Qureshi
Oct. 8, 2019	Health and Criminal Justice System - Flora Matheson and Promise Holmes Skinner
Nov. 19, 2019	Health and Human Rights Law - Dr. Laurie Green and Kerri Joffe



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#### Contact

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