

(aggression, PTSD, mental health treatment, SuD, childhood victimisation, lack of parental/caregiver support, intimate partner violence, free or reduced lunch (ie, SES proxy) were entered into a Robust Poisson model ( $p \leq 0.25$ ) to identify factors associated with having symptoms. Race did not meet criteria for model entry.

**Results/Outcomes** (1) 154 of 275 (56%) offenders reported ongoing TBI-related symptoms. (2) SuD and PTSD were associated with having symptoms. An interaction was found between SuD and PTSD ( $p=0.0236$ ). (3) An association was further found between females with PTSD and TBI-related symptoms among those without SuD (adjusted prevalence ratio (APR)=2.58; CI 1.49 to 4.45,  $p=0.0006$ ), but not among those with SuD (APR=1.30; CI 0.98 to 1.73,  $p=0.0662$ ). (4) Compared to having neither condition, the APR for the association between SuD and TBI-related symptoms was 2.32 (CI 1.34 to 4.01). The APR for the association with TBI-related symptoms among offenders with both SuD and PTSD, compared to having neither, was 3.03 (CI 1.80 to 5.08).

**Significance/Contribution to the Field** PTSD and SuD are closely associated with ongoing TBI-related symptoms. Treating and managing all three conditions concurrently, as well as prevention efforts, would likely be cost effective and benefit both the female offenders and society.

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### FACTORS ASSOCIATED WITH ONGOING TRAUMATIC BRAIN INJURY-RELATED SYMPTOMS AMONG FEMALE OFFENDERS

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**Background** Ongoing traumatic brain injury (TBI)-related symptoms, post-traumatic stress disorder (PTSD), and substance dependency (SuD) can greatly affect an offender's ability to function while incarcerated and upon community reentry.

**Aims/Objectives/Purpose** To identify factors associated with ongoing TBI-related symptoms among female offenders.

**Methods** 275 female offenders were asked whether they experienced any of 19 ongoing symptoms after TBI. Variables