



## Incarceration and Traumatic Stress: Overview and Clinical Considerations

In the last two decades, the number of people who are incarcerated has grown 27%, totaling over 11.5 million people globally.<sup>1</sup> People who are incarcerated are disproportionately survivors of chronic and severe trauma, with elevated rates of PTSD and associated comorbidities compared to general community prevalence rates. Read on to learn more!

### Prevalence of Trauma Exposure and PTSD Among Incarcerated People

- ✓ **Trauma Exposure.** Decades of research has shown that nearly all people who are incarcerated have experienced at least one potentially traumatic event. Most report exposure to *many* events across *multiple* different trauma types.<sup>2-4</sup>
  - ✓ Sexual violence victimization is particularly common among women who become incarcerated, with rates 2x higher than that of community women.<sup>4</sup>
  - ✓ Assaultive violence exposure more broadly, often beginning in childhood, is very common among people who are incarcerated.<sup>2-4</sup>
- ✓ **PTSD Prevalence.** Rates of PTSD are generally higher among people who are incarcerated than in general community samples, though there is wide global variation.<sup>5</sup>
  - ✓ In a meta-analysis of 56 samples comprising 21,099 incarcerated people across 20 countries,<sup>5</sup> PTSD point prevalence ranged from 0.1-27% for men and 12-38% for women. Lifetime PTSD estimates were 17.8% for men and 40.4% for women—substantially higher than the 3.9% lifetime PTSD prevalence estimated to occur in the general population internationally.<sup>6</sup>
  - ✓ Most available prevalence data is from research studies rather than operational data because prisons and jails rarely use validated tools to assess PTSD.

### Effects of PTSD During and After Incarceration

- ✓ **PTSD is linked to rearrest and post-incarceration drug use,** both in treatment-seeking<sup>7</sup> and general population samples.<sup>8</sup> PTSD increases risk of rearrest regardless of presence of substance use disorder,<sup>8</sup> a common comorbidity for those incarcerated.
- ✓ **PTSD is linked to behavioral concerns such as self-harm and aggression** during incarceration<sup>9</sup> which may prolong prison sentences and/or lead to other punishments.

Developed by [Melissa Zielinski, PhD](#), [Haley Church, MA](#), [Marley Fradley, BS](#), and [Illana Berman, PhD](#)



## What Should Be Considered When Assessing for and Treating Trauma Sequelae in Prisons and Jails?

- ✓ **Know the need for PTSD treatment is well-established.** Because so many global studies have shown that nearly 100% of people who are incarcerated have experienced potentially traumatic events, clinicians working in carceral settings can safely assume their clients have experienced trauma. Lengthy assessments of trauma exposure are likely unnecessary, unless used to directly inform treatment focus.
- ✓ **Understand that trauma exposure may be ongoing.** People who are incarcerated have nearly always experienced trauma prior to incarceration; however, exposure to potentially traumatic events may also occur during arrest and/or incarceration.<sup>10,11</sup>
  - ✓ Arrest may be a potentially traumatic event, characterized by fear of death and/or serious injury, for some incarcerated people.
  - ✓ Exposure to trauma during incarceration may be directly experienced or witnessed, such as through assaultive violence, rape, or threats of violence.
  - ✓ Ongoing exposure may also occur as individuals learn about events occurring in the community, such as unexpected and/or violent deaths of those they know.

Clinicians working in carceral settings should consider that clients likely have historical, recent, and ongoing exposure and may have treatment needs associated with each.

- ✓ **Consider that incarceration may augment PTSD symptoms.** Confinement conditions in carceral facilities can impact PTSD symptoms, potentially masking or worsening them. For example, avoidance behaviors might decrease because of reduced contact with one's usual PTSD triggers, but sleep disturbance may worsen with poor sleep conditions often present in carceral facilities. Environmental changes and shifts should be considered in PTSD assessment.
- ✓ **Remember that comorbidities are common.** Incarcerated people with PTSD face additional mental and physical health challenges that warrant attention (e.g., substance use disorders, depression, anxiety) and are also at elevated risk for suicide.<sup>4,9,11</sup>
- ✓ **Ensure that evidence-based talk therapies for PTSD are offered.** Although some have argued that carceral settings are not appropriate places to treat PTSD, this assertion is not supported by evidence. In fact, studies show that people who are incarcerated want trauma-focused treatment<sup>12-15</sup> and benefit from it.<sup>13,16-18</sup> Individual barriers to attending treatment, such as transportation, may also be mitigated.<sup>12</sup>
  - ✓ Of the therapies included in ISTSS' treatment guidelines, there is preliminary evidence supporting the effectiveness of Cognitive Processing Therapy<sup>12,19</sup> and Eye Movement Desensitization and Reprocessing<sup>20</sup> in prisons.

Because PTSD treatments have been designed for implementation in community settings, fidelity-consistent modifications may be needed to fit these interventions to the carceral context. Group treatment should also be considered to maximize reach.<sup>21</sup>



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