



EDUCATION JUSTICE PROJECT
an initiative of the University of Illinois



reentry@educationjustice.net

217.300.5150

1001 S. Wright Street

Champaign, IL 61820

reentryillinois.net

April 2026

Resources @ EJP

Trauma and Incarceration

What Is Trauma?

Trauma is an emotional response to a terrible event or series of events. Responses to trauma are often long-lasting and can affect everyday life. Trauma affects people differently. There is no single way to experience it.

The impact of trauma varies from person to person. Factors like age, prior trauma, the duration and severity of the experience, and your cultural and social context all play a role. When thoughts and memories of a traumatic event persist or worsen, it can lead to post-traumatic stress disorder (PTSD), which can seriously affect a person's ability to live a healthy daily life.

You can read more about the impact of trauma in the "Trauma and Mental Health" chapter of our reentry guidebook, [*Mapping Your Future: A Guide to Successful Reentry*](#), available in English and Spanish.

How Are Incarceration and Trauma Connected?

Almost everyone who has been to prison has experienced trauma. Prison separates people from their families, communities, and support networks. Within a facility, people face loss of autonomy, reduced sense of purpose, fear of harm, boredom, uncertainty about family and work, and limited access to health and mental health services. Overcrowding, harsh conditions, exposure to violence, and difficult interactions with staff add to that burden.

Many people also enter prison with trauma they already carry from earlier in life. Aspects of incarceration can trigger that trauma without warning, and that experience can deepen distrust of others, especially those in authority.

The psychological impacts caused by incarceration can last well beyond release. This is sometimes called "post-incarceration syndrome" (PICS), which is similar to PTSD. People experiencing PICS may have traits that they developed during incarceration and kept after their reentry. These "institutionalized" traits may make it difficult for people who are experiencing PICS to trust others, form relationships, navigate social situations, or feel present in the moment.

What Does Trauma Look Like for Returning Residents?

Reentry can be harder than people expect. Prison is a controlled environment with limited connection to the outside world. Over time, people develop survival strategies—like “always being on” (also called *hypervigilance*)—that stay with them after their release, regardless of how long they were inside.

Outside, the world is unpredictable and uncontrolled. Ordinary things, like walking on a busy street, being in a crowd, or going to the grocery store, can suddenly become overwhelming. This is sometimes described as **False Events Appearing Real (FEAR)**. FEAR is a response to perceived danger even when no danger is present. FEAR can trigger hypervigilance and actual fear, sending some returning residents back to a mental place that they thought they had left behind. This can start a cycle of disappointment or even despair at a time that was long anticipated as a break from those feelings.

Returning residents may also experience rushes of emotion. Correctional facilities can cause a constant fight-or-flight state of mind, leading people to suppress their emotions in order to survive. Once back in a safe environment, those emotions can come flooding back. Reactions like crying at small things are common. This can feel confusing, but it’s a natural part of the adjustment process.

How Can I Have a More Successful Reentry?

Acknowledging that reentry will be challenging is a good first step. After that, consider these ideas, drawn from the experiences of EJP alums who have already navigated reentry and were willing to share what helped them:

- **Understand that strong emotions are a sign your body feels safe.** After suppressing emotions for an extended period, you may find them coming back strongly. This process, sometimes called “thawing out,” is a normal part of adjusting to the freedom of life outside.
- **Listen to your body when strong emotions arise.** Pay attention to physical signals when emotions come up. Are your palms sweating? Are your hands shaking? Is your breathing shallow? Noticing these reactions is the first step to understanding what they mean and how to work with them.
- **Take care of yourself:** Make time to reconnect with yourself. This might mean sitting outside, coloring, watching a sport or movie you enjoy, or returning to a hobby you used to love.
- **Practice daily mindfulness.** Mindfulness can help you stay connected to your body and grounded in the present moment. It can be useful for managing emotions and reminding yourself that you are safe. Learn more in the [Mapping Your Future chapter on mindfulness](#).
- **Seek counseling from a trauma-informed clinician.** A counselor or therapist who has training to work with people who have experienced trauma can help you with the challenges of reentry. They can help you build your own tools to manage your emotions. Community mental health clinics and university counseling centers often offer free or low-cost services.
- **Join a PICS support group:** PICS support groups are led by people who have experienced PICS or by clinicians who understand its symptoms. They offer a space to work through your experiences alongside others going through something similar, all without judgment. Support groups provide education, peer connection, and resources. Online groups are available across the country, and reentry organizations like EJP can help connect you with a group in your area.

For support groups and low-cost or free counseling resources in Illinois or nationwide, see the “Trauma and Mental Health” chapter in the Illinois or national edition of [Mapping Your Future](#).

Remember, You Are Not Alone!

Reentry looks different for everyone. Not feeling okay or normal is a normal part of the process. You do not have to figure it all out at once. Reentry is a long process, and it is okay for it to be hard. What matters is approaching it with patience—for yourself and for others. There will always be room for healing, growth, and change.

Acknowledgments

This post was written by EJP Reentry Resource Program member **Palmy (Thita) Lamsam**.

She extends her gratitude to all EJP and RRP members for their continued support and guidance. She sends special thanks to Advisory Committee members **Steven Scotti** and **Raylan Gilford** for their informational contributions, revision assistance, and guidance, and to **Marketta Sims** and **Jay Villa**, for their informational contributions and guidance.

References

- All Points North. (2023, June 30). *Signs of emotional trauma in adults: Recognizing and addressing the symptoms*. All Points North. <https://apn.com/resources/signs-of-emotional-trauma-in-adults-recognizing-and-addressing-the-symptoms/#:-:text=Physical%20Symptoms%20of%20Trauma,as%20rashes%2C%20hives%2C%20or%20eczema>
- American Psychological Association. (n.d.). *Trauma*. American Psychological Association. <https://www.apa.org/topics/trauma>
- Blue Knot Foundation. (2021, September 7). *Understanding trauma and abuse*. Blue Knot Foundation. <https://blueknot.org.au/resources/understanding-trauma-and-abuse/>
- CAMH. (n.d.). *Trauma*. CAMH. <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma>
- Fullcircle Program. (2023, December 16). *F.E.A.R. in recovery: False evidence appearing real*. Fullcircle Program. <https://fullcircleprogram.com/blog?title=fear-false-evidence-appearing-real#:-:text=False%20Evidence%20Appearing%20Real%20is,when%20the%20evidence%20is%20distorted>
- Gabrysch, C., Sepúlveda, C., Bienzobas, C., & Mundt, A. P. (2020). 'Maybe it is only in prison that I could change like this': The course of severe mental illnesses during imprisonment – a qualitative 3-year follow-up study from Chile. *Frontiers in Psychology, 11*. <https://doi.org/10.3389/fpsyg.2020.01208>
- Hayes, J., VanElzakker, M., & Shin, L. (2012). Emotion and cognition interactions in PTSD: A review of neurocognitive and neuroimaging studies. *Frontiers in Integrative Neuroscience, 6*. <https://doi.org/10.3389/fnint.2012.00089>
- Liem, M., & Kunst, M. (2013). Is there a recognizable post-incarceration syndrome among released “Lifers”? *International Journal of Law and Psychiatry, 36*(3–4), 333–337. <https://doi.org/10.1016/j.ijlp.2013.04.012>
- Mazher, S., & Arai, T. (2025). Behind bars: A trauma-informed examination of mental health through importation and deprivation models in prisons. *European Journal of Trauma and Dissociation, 9*(1), 100516. <https://doi.org/10.1016/j.ejtd.2025.100516>
- Quandt, K. R., & Jones, A. (2021, May 13). *Research roundup: Incarceration can cause lasting damage to mental health*. Prison Policy Initiative. <https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts/>