



Becoming PICS Aware: A study on post incarceration syndrome

Post incarceration syndrome, or PICS, is a condition that affects millions of Americans.

Related to PTSD, PICS describes a set of symptoms that emerge when a person is subjected to incarceration. These environments present daily, chronic trauma in the form of violence, degradation, and a deprivation of basic needs. For individuals who have survived incarceration, as well as those still inside, PICS contributes to depression, anxiety, drug and mental health relapse, violence, poverty, and recriminalization.

Though the terminology varies, the collective of PICS-associated symptoms is the same. Also, don't be fooled by the prefix. *Post* simply means that the person has been incarcerated, not that they have been released.

Early PICS research was rife with dehumanizing language and stigmatizing, paternalistic undertones. Still, Terence Gorski's use of the actual term "PICS" formally drew that undeniable line between incarceration and the onset and exacerbation of mental illness, addiction, and other issues. Not using this term but describing the condition, Craig Haney investigated characteristics of "post-prison adjustment" that followed "pains of imprisonment."¹ Other researchers have studied similar symptom sets which occur as a result of "institutionalization" and "prisonization."² And following years of research on the effects of long-term imprisonment, Marieke Liem has said she finds the term "PICS" particularly suitable.³

PICS underscores all struggles in our community, putting us at "high risk of chronic unemployment and homelessness,"⁴ among other things. Still, opinions differ about whether a DSM classification would be beneficial. An official classification could ensure access to mental health care, via disability status, for many who need it. But it could also easily lead to further stigma for those already facing collateral consequences and other societal barriers. **What we know for sure is that, by becoming PICS Aware, we can more readily combat the debilitating effects of incarceration.**

About the Study

This study was conducted by researchers who have been imprisoned, including a PI who was incarcerated for most of its duration. Our background is in communications and our work focuses on community building. We studied PICS because we, our families, and so many in our circles have been enormously affected by it. And we knew that, for something so sensitive and personal, it made no sense for academics who had no experience being criminalized or incarcerated to contribute yet another psychoanalysis *about* us. The goal was to produce data that would foster critical conversations about these carceral experiences, and to send a signal to all people currently and formerly incarcerated: **YOU ARE NOT ALONE.**

This study asked people who had been incarcerated in jails, prisons, youth and immigration facilities across the country, for various offenses and lengths of time, to take a mixed method survey in which they noted the presence of PICS symptoms. Results showed that, of the 204 people surveyed, 99.2% exhibited – and very importantly, recognized in themselves – PICS symptoms, even if they didn't call it that.

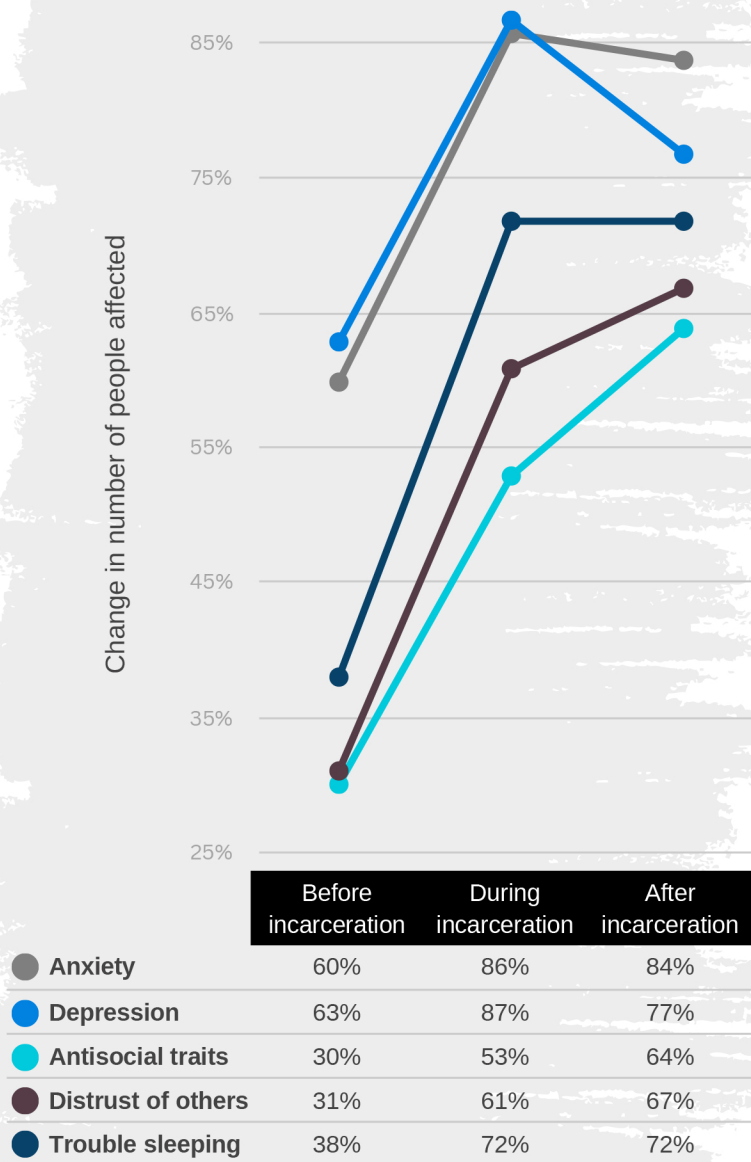


Measuring PICS Symptoms

Symptoms were tracked before, during, and after incarceration. The most prevalent symptoms, depression and anxiety, peaked during incarceration. The majority of symptoms we measured – including eating disorders and being easily angered – increased at each stage. This included a near 35% overall rise in antisocial traits and trouble sleeping, and a 36% increase in feelings of paranoia.

We asked people who had been incarcerated to describe situations which cause them the most anxiety. They talked about **confined rooms**, loud or **crowded places**; having their backs to people (like when sitting in a restaurant); **feeling alone, misunderstood**, and experiencing **tension** with loved ones; hearing **sounds** that remind them of prison (keys jingling, doors slamming); having **bad dreams** that they are still in prison or that they're in danger of being recriminalized.

Increase in PICS symptoms over time



Peer Support

Reentry initiatives led by those of us who have been incarcerated are key. This makes sense – we live in a society that values experience. Yet we are systematically barred from participating in our own communities by restrictive and counterproductive policies. By becoming PICS Aware, we can combat the policies that negatively impact our lives.

94% of people who have been incarcerated are open to networking with others who have similar experiences

Over 97% associate with others who have been in prison – 56% said it is because most of their friends were in jail or prison.

Most of us believe that there is a need for some form of community support groups, therapy or counseling specifically aimed at dealing with PICS, post-prison adjustment, and/or reentry.

When asked whether they would attend a peer support group or therapy if it were free, more than 96% said “yes.”

Mental Health and Incarceration

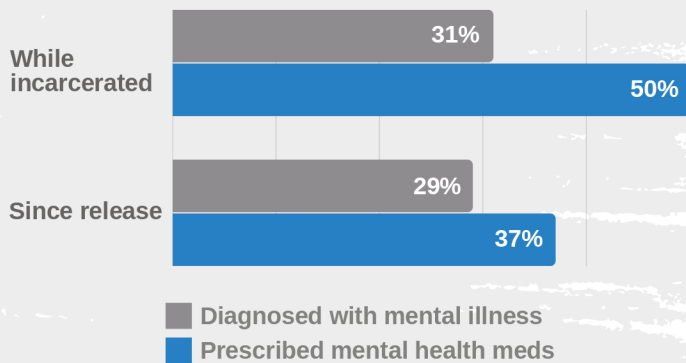
Though 81 study participants (40%) had been diagnosed with a mental illness or condition **before** being incarcerated, only one person was given the option of participating in a mental health court.

Of participants who served time in prison, less than 18% received a proper mental health evaluation upon admission. And though only 31% were diagnosed with a mental illness during incarceration, 50% were prescribed mental health medication while inside.

While a person could have been diagnosed with a mental illness before prison, several participants reported that they were prescribed mental health medication in prison without ever, in their lives, being diagnosed with anything.

There are perpetual, systemic failures in evaluating and reporting. But there is also an evidence-based theory that “hyper-masculine attitudes resulting from incarceration might potentially lead to the underreporting of mental problems.”⁵

Mental illness and medication



Both types of underreporting help explain the gendered discrepancy in the data. And the rate of reported trauma we found is consistent with previous research, which also noted the propensity of those in men's facilities to underreport.⁶

Of participants who had taken mental health medication while in prison, 62% said they intentionally stopped before release. While the data on criminalized mental illness in most states is clear, the most cited reason participants stopped taking medication was because they simply didn't want to rely upon it anymore.



LESS THAN 40% of those in Georgia ever received a mental health evaluation in prison, regardless of how much time they served. Less than 11% were classified as needing mental health treatment at the time of release.⁷

And Georgia's data confirms what we all know to be true: that **MENTAL ILLNESS IS HIGHLY CRIMINALIZED**. For CY2022, among those labeled by the criminal system as suffering from mental illness, 50% were either serving a life or death sentence, or being required to max out (no opportunity for parole).⁸

Our study shows the prevalence of mental illness among those incarcerated to be almost double what Georgia is reporting. This discrepancy makes it likely that an examination of other states would produce a similar trend in underreporting.

Data on post-release rates of mental illness, even for those under community supervision, is scarce. This seems important, since failing to report to mental health appointments after release often constitutes a violation of parole and probation.

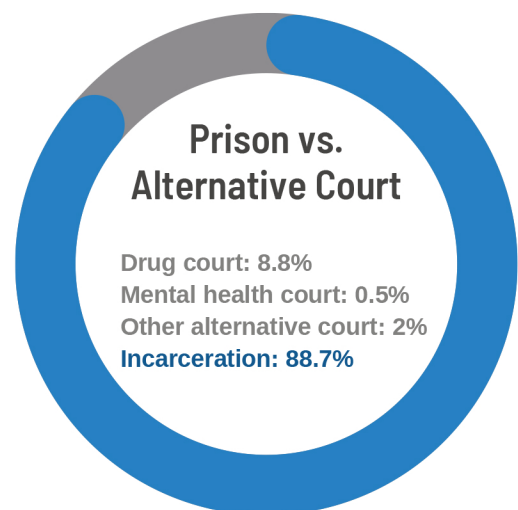
Carceral systems frequently bestow the burden of mental health care costs to individuals who, just coming out of prison, can hardly afford to survive. And few people seem to be getting information on health insurance and Affordable Care Act practices, how to sign up for Medicaid, or where to find free help in the community, even when options exist.

Addiction and Treatment

The correlation between addiction and criminalization is astounding. Yet legislators insist on spending exorbitantly to imprison people rather than to treat them. The annual cost of opioid treatment for one person, depending on the type, is between \$9,000 and \$14,000.⁹ Still, this cost pales in comparison to the \$33,000+ per-person cost of incarceration.¹⁰

78% of those who suffer from addiction say the government fails to provide any help during incarceration

While 67% of participants said addiction played a part in the crime for which they were convicted, less than 9% were given the option of participating in a drug court.



Inside, while 81% of participants had suffered from addiction at some point in their lives, only 65% were in a facility where a 12-step program was available. Of those who have suffered from addiction and been released, **39% have not stayed clean.**

Prison Trauma and PICS

The American prison model presents an inherently traumatic environment.¹¹ That trauma is compounded by increases in the use of solitary confinement – for example, what we saw during the Covid-19 pandemic. Cash bail initiatives continue to drive plea convictions. Reforms aimed at decarceration are supplanted by laws that disproportionately discriminate against those convicted of sex-related offenses. And, despite data showing people convicted of “serious violent offenses” are the least likely to ever be recriminalized, false narratives using dichotomized ‘violent/nonviolent’ language fuel arguments for longer sentences that keep prisons filled beyond capacity.¹²

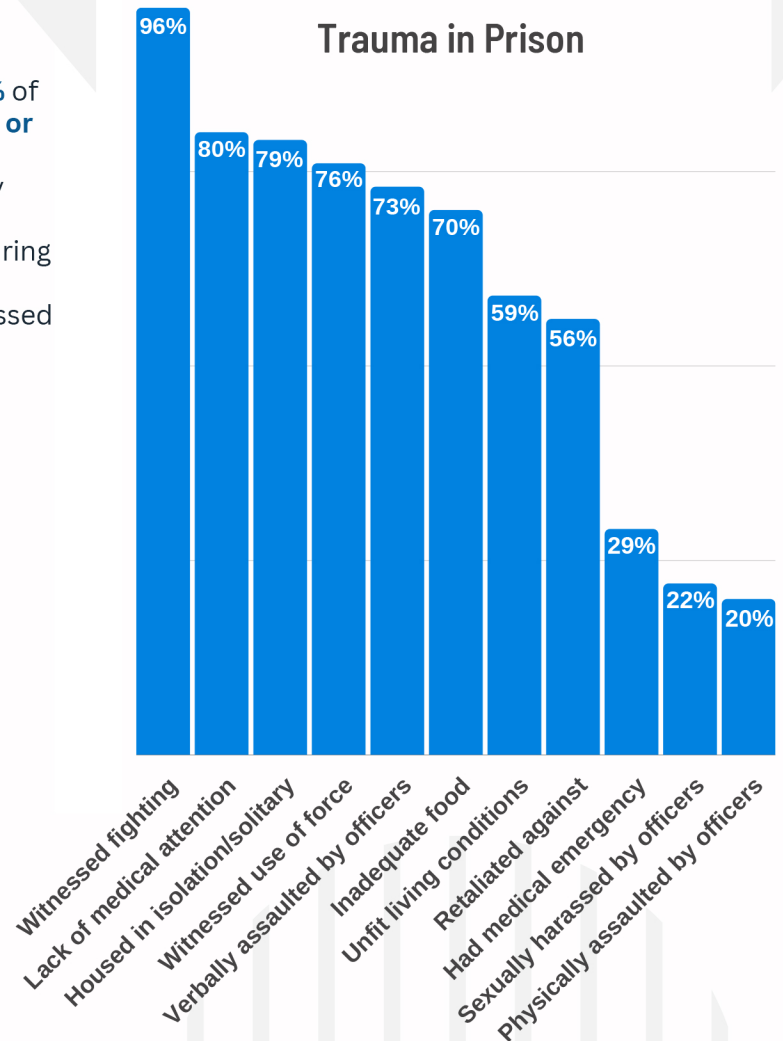
If incarceration wasn’t dehumanizing enough, nearly **73%** of participants said they were **verbally assaulted, insulted, or degraded** by jail or prison officers or staff. Twenty-two percent were sexually harassed and 20% were physically assaulted by correctional officers. We also saw drastic spikes in the amount of violence witnessed by people during their incarceration, versus before or after. An incredible **96%** of participants **witnessed fighting**, while 76% witnessed correctional officers using physical force.

Not surprising, over half of participants had been retaliated against for reporting, grieving, or speaking up about conditions and mistreatment. The research quells any doubt that the U.S. prison-industrial complex is anything but punitive and harmful. Almost **80%** of everyone who has been incarcerated has, at some point, been subjected to **solitary confinement**.

Besides experiencing or witnessing violence, living in a situation where basic human needs are unmet has a lasting effect. Participants survived prolonged periods without adequate food or clothing, and over half were forced to live in unfit conditions. A whopping **80%** experienced a **lack of proper medical attention** while inside. Two-thirds witnessed medical emergencies. And 29% had medical emergencies while incarcerated, which not only underscores the lack of adequate health care but proves the compounded toll medical-related stress has on a person during imprisonment.

“It’s a dehumanizing environment. Your needs go unmet. You can’t control your own life. That’s stressful and dehumanizing to people.”

John Lash, former Director of Georgia Conflict Center



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These findings are the result of an IRB-approved study on post incarceration syndrome conducted by Luci Harrell and Page Dukes in 2019-2022, advised by Dr. Marina Hendricks, at the School of Communication and Journalism, South Dakota State University. This executive summary was published by the Atlanta Community Support Project, an organization working at the intersection of poverty and incarceration, empowering those of us affected to tear down stigmatizing cultural and legal barriers. All content ©2023 Luci Harrell. To learn more about PICS and other ACSP research endeavors, visit atlcommunitysupport.org/research.