

Hidden Trauma and Silent Resilience: Examining the Paradox of Low Post-Traumatic Stress Symptoms Among Incarcerated Women in the Philippines

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ABSTRACT

This study examined the demographic profile, childhood traumatic experiences, post-traumatic stress symptom (PTSS) levels, and exposure to distressing life events among 231 persons deprived of liberty (PDLs) at the Correctional Institution for Women (CIW). The majority were adults aged 25–44, predominantly single, and had attained secondary education, reflecting socio-economic vulnerabilities linked to criminal behavior. Despite some adverse childhood experiences, respondents generally reported strong familial support, indicating resilience-promoting early environments. PTSS levels were low across key indicators, suggesting emotional resilience possibly bolstered by positive familial relationships and adaptive coping. Exposure to traumatic life events varied, with natural disasters and physical assaults being most common, though some detachment or underreporting was observed. Based on these findings, the study recommends that the Bureau of Jail Management and Penology (BJMP) and CIW, in collaboration with local government units, non-governmental organizations, and relevant government agencies, implement targeted psychological support, enhance family and social reintegration programs, and expand educational and vocational training. Continuous trauma and resilience assessments, awareness campaigns on emotional abuse, and strengthened peer support systems within correctional settings are also advised to promote mental health and successful reintegration of female PDLs.

Keywords: Persons Deprived of Liberty, Post-Traumatic Stress Symptoms Women, Traumatic Experiences of Women, Distressing Life Events

INTRODUCTION

Incarceration is a profoundly life-altering experience that extends far beyond the loss of physical freedom. It often exposes individuals to environments characterized by violence, social isolation, stigma, and chronic stress, all of which can leave lasting psychological scars. However, for many incarcerated individuals, the experience of trauma does not begin with imprisonment. A substantial body of research indicates that individuals in the criminal justice system are disproportionately affected by adverse childhood experiences, such as abuse, neglect, household dysfunction, and exposure to violence (Goff et

al., 2007; James & Glaze, 2006). These early-life traumas may create lasting vulnerabilities that shape their psychological development, coping mechanisms, and interactions with others. In the context of correctional institutions, incarcerated individuals are frequently subjected to additional sources of trauma. Conditions such as overcrowding, lack of mental health services, exposure to violence, and limited access to rehabilitative programs can intensify their psychological distress. This is especially relevant in countries like the Philippines, where correctional facilities often struggle with inadequate resources, poor infrastructure, and a shortage of trained mental health professionals (Buño, 2020; CHR, 2019). The situation may exacerbate the trauma already experienced by persons deprived of liberty (PDLs), making their mental health concerns even more pressing and complex.

Despite the global recognition of trauma among incarcerated populations, there remains a significant research gap in the Philippines concerning the psychological effects of trauma on incarcerated individuals. Existing literature in the local context tends to focus more on criminological, legal, or correctional management aspects, with limited attention given to the mental health and trauma histories of PDLs (Lopez & De Guzman, 2021). Consequently, there is a lack of empirical data to inform trauma-informed policies and rehabilitative interventions within the Philippine correctional system.

The transition from a traumatic childhood into the harsh and often dehumanizing conditions of prison life can create a cumulative burden of psychological distress. Within correctional settings, individuals may encounter further trauma through victimization, institutional violence, or the constant threat of harm. These repeated exposures can heighten the risk of developing mental health conditions, particularly post-traumatic stress disorder (PTSD). PTSD symptoms—such as hypervigilance, intrusive memories, emotional numbing, and avoidance behaviors—can severely impair an individual's ability to function both during incarceration and after reintegration into society (DeVeaux, 2013; Wolff & Shi, 2009).

Addressing these psychological needs is not only vital for the well-being of affected individuals but also plays a key role in reducing recidivism and promoting successful reintegration.

This study, therefore, aims to explore the prevalence and nature of traumatic experiences among formerly incarcerated individuals, assess the psychological impact of such experiences, and examine the relationships between trauma history and PTSD symptoms. In doing so, it seeks to contribute to the growing body of research advocating for a trauma-informed approach to criminal justice and mental health services, particularly in the Philippine context where such studies are scarce and urgently needed.

METHODOLOGIES

This study employs a descriptive research design to investigate the prevalence and psychological impact of childhood trauma, life-event trauma, and post-traumatic stress disorder (PTSD) symptoms among incarcerated individuals. This design is well-suited for examining potential associations between variables in a natural setting, without the need for experimental manipulation. It allows for a comprehensive understanding of the scope and characteristics of trauma-related experiences within correctional populations. Through the use of structured survey questionnaires, the study systematically captures data on adverse childhood experiences (ACEs), exposure to traumatic life events, and the intensity of PTSD symptoms. This approach facilitates the identification of patterns and correlations that can inform trauma-informed policies and interventions within correctional institutions.

RESULTS AND DISCUSSION

Result 1 : Profile of Respondents

Table 1 presents the demographic profile of the respondents, which includes 231 persons deprived of liberty at the Correctional Institution for Women. In terms of **age**, the majority of the respondents fall within the 25-44 age range, with 65 individuals (28.10%) in the 25-34 years old category and 84 individuals (36.40%) in the 35-44 years old group. These age groups represent the largest proportion of the population, indicating that most of the respondents are in their prime adult years, a period that often involves significant life stressors, such as family obligations, career challenges, and personal struggles. The next largest group is the 45-54 years old category, comprising 47 respondents (20.30%). The younger age group, 18-24 years old, includes only 14 respondents (6.10%), while the 55-64 years old category accounts for 18 individuals (7.80%). A small percentage of respondents, 3 individuals (1.30%), are 65 years old or older, reflecting a minor proportion of older individuals facing the unique challenges of aging in a correctional environment.

In terms of **civil status**, a significant portion of the respondents are single, with 140 individuals (60.60%) identifying as such. This may indicate a lack of long-term relationship stability, or possibly the result of prior relationship breakdowns that could have contributed to their current situation. The second largest group is married, comprising 53 respondents (22.90%), while 21 respondents (9.10%) are separated, 4 (1.70%) are annulled, and 13 (5.60%) are cohabiting. The distribution of civil status reflects varied family dynamics, which can influence emotional well-being and potentially contribute to the trauma experienced by incarcerated individuals.

Regarding **educational attainment**, the largest group of respondents, 127 individuals (55.00%), have completed secondary education. A smaller percentage, 65 respondents (28.10%), have attended college, and 31 (13.40%) have completed elementary education. Only 8 respondents (3.50%) have pursued post-graduate education. The data suggests that the respondents generally have limited educational backgrounds, with a significant portion having at least completed secondary education. This may indicate restricted access to opportunities for higher education, potentially contributing to socio-economic struggles and, in some cases, involvement in criminal activity.

Formatting for Tables and Figures

Place tables / figures / images in text as close to the reference as possible (see Figure 1). It is recommended that the figure stay within the column. As such, concessions on how the figure is presented may be made.

Table 1. Profile of Respondents

PROFILE	Frequency n=231	Percent
Age		
18-24 years old	14	6.10
25-34 years old	65	28.10
35-44 years old	84	36.40
45-54 years old	47	20.30
55-64 years old	18	7.80
65 years old at above	3	1.30
Civil Status		
Single	140	60.60
Married	53	22.90
Separated	21	9.10
Annulled	4	1.70
Cohabiting	13	5.60
Highest Educational Attainment		
Elementary	31	13.40
Secondary	127	55.00
College	65	28.10
Post-Graduate	8	3.50

Figure 1. Profile of 231 PDL Respondents.

The respondents of this study are 231 persons deprived of liberty (PDLs) currently incarcerated at the Correctional Institution for Women. These individuals represent a diverse group of incarcerated women, all of whom have been impacted by various psychological and emotional factors, including potential trauma and PTSD. The study focuses on this specific population to gain a deeper understanding of how early-life trauma and the stresses of incarceration contribute to mental health issues, particularly PTSD.

Result 2 : Traumatic Experiences Encountered by the Respondents during their Childhood Years.

This table presents the traumatic experiences encountered by the respondents during their childhood years. The items listed represent various experiences related to neglect, emotional, physical, and sexual abuse, as well as positive familial support. The mean scores reflect the frequency of these experiences, with a range from "Never True" to "Very True."

The results indicate that the respondents generally had a more positive childhood experience in terms of family support and care. For instance, the item "I knew that there was someone to take care of me and protect me" had a mean of 4.11, indicating that it was often true for most respondents. Similarly, the item "There was someone in my family who helped me feel important or special" had a mean of 4.20, suggesting that many respondents felt supported during their childhood. Another positive item, "People in my family looked out for each other," scored 3.98, reflecting frequent familial care and concern. This supports literature that emphasizes the importance of supportive family relationships in childhood, which are crucial for fostering resilience and emotional well-being (Bowlby, 1988; Werner, 2012). Positive family dynamics have been shown to significantly mitigate the effects of childhood adversity (Werner, 2012), which is consistent with the high scores for familial support in this study.

On the other hand, several items related to abuse and neglect received low mean scores, indicating that such experiences were rare among the respondents. For example, "People in my family called me things like 'stupid,' 'lazy,' or 'ugly'" and "My parents were too drunk or high to take care of the family" both scored 1.39 and 1.42, respectively, showing that verbal and substance abuse were seldom experienced by the respondents. Additionally, physical abuse, such as "I got hit so hard by someone in my family that I had to see a doctor" (mean = 1.61) and "I was punished with a belt, a board, a cord (or some other hard object)" (mean = 1.84), was reported rarely. This finding aligns with research suggesting that while physical abuse can have significant long-term psychological impacts (Gershoff, 2013), it was not commonly reported in this sample. The results suggest that while instances of physical abuse occurred, they were not pervasive.

However, the respondents also reported some negative experiences, with items like "I believe that I was emotionally abused" (mean = 2.16) and "I thought that my parents wished I had never been born" (mean = 1.65) reflecting occasional emotional distress. Emotional abuse, although less visible, has been linked to long-lasting psychological consequences, including depression, anxiety, and low self-esteem (Miller & Johnson, 2017). This is reflected in the occasional acknowledgment of emotional abuse among respondents. While instances of sexual abuse were rare, the item "Someone molested me" had a mean of 1.58, suggesting that such experiences were uncommon. The relatively low prevalence of sexual abuse in this study mirrors broader research indicating that while sexual abuse remains a rare but deeply traumatic event, it can have profound and lasting effects on those who experience it (Finkelhor et al., 2014).

Table 3. Level of post-traumatic stress symptoms exhibited by the respondents.

ITEMS	Mean	Description
1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	2.27	Rarely True
2. Repeated, disturbing dreams of a stressful experience from the past?	2.10	Rarely True
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	2.17	Rarely True
4. Feeling very upset when something reminded you of a stressful experience from the past?	2.37	Rarely True
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	2.24	Rarely True
6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?	1.94	Rarely True
7. Avoiding activities or situations because they reminded you of a stressful experience from the past?	1.86	Rarely True
8. Trouble remembering important parts of a stressful experience from the past?	2.00	Rarely True
9. Loss of interest in activities that you used to enjoy?	2.21	Rarely True
10. Feeling distant or cut off from other people?	2.45	Rarely True
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	2.35	Rarely True
12. Feeling as if your future will somehow be cut short?	2.43	Rarely True
13. Trouble falling or staying asleep?	2.22	Rarely True
14. Feeling irritable or having angry outbursts?	2.45	Rarely True
15. Having difficulty concentrating?	2.20	Rarely True
16. Being "super-alert" or watchful or on guard?	2.18	Rarely True
17. Feeling jumpy or easily startled?	2.34	Rarely True

Figure 3 : Level of post-traumatic stress symptoms exhibited by the respondents.

Overall, the results demonstrate that while the respondents experienced some difficulties in their childhood, many had supportive and caring family environments. Occasional instances of neglect or emotional abuse were reported, but these were less common compared to the presence of positive familial relationships. The findings align with the body of research suggesting that the protective role of family support can help buffer the negative impacts of traumatic experiences (Werner, 2012). Furthermore, the study highlights the critical importance of strong family bonds in fostering resilience and emotional recovery from childhood adversity (Bowlby, 1988).

Table 2. Traumatic Experiences Encountered by the Respondents during their Childhood Years.

ITEMS	Mean	Description
1. I didn't have enough to eat.	1.56	Rarely True
2. I knew that there was someone to take care of me and protect me.	4.11	Often true
3. People in my family called me things like "stupid", "lazy", or "ugly".	1.39	Never true
4. My parents were too drunk or high to take care of the family.	1.42	Never true
5. There was someone in my family who helped me feel important or special.	4.20	Often true
6. I had to wear dirty clothes.	1.69	Rarely True
7. I felt loved.	4.08	Often true
8. I thought that my parents wished I had never been born.	1.65	Rarely True
9. I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.	1.61	Rarely True
10. There was nothing I wanted to change about my family.	3.44	Sometimes True
11. People in my family hit me so hard that it left me with	1.55	Rarely True

Item	Mean Score	Frequency
bruises or marks.		
12. I was punished with a belt, a board, a cord (or some other hard object).	1.84	Rarely True
13. People in my family looked out for each other.	3.98	Often true
14. People in my family said hurtful or insulting things to me.	1.74	Rarely True
15. I believe that I was physically abused.	1.67	Rarely True
16. I had the perfect childhood.	3.17	True
17. I got hit or beaten so badly that it was noticed by someone like a teacher, neighbour, or doctor.	1.47	Never true
18. Someone in my family hated me.	1.92	Rarely True
19. People in my family felt close to each other.	3.68	Often true
20. Someone tried to touch me in a sexual way or tried to make me touch them.	1.54	Rarely True
21. Someone threatened to hurt me or tell lies about me unless I did something sexual with them.	1.81	Rarely True
22. I had the best family in the world.	3.06	Sometimes True
23. Someone tried to make me do sexual things or watch sexual things.	1.61	Rarely True
24. Someone molested me (took advantage of me sexually).	1.58	Rarely True
25. I believe that I was emotionally abused.	2.16	Rarely True
26. There was someone to take me to the doctor if I needed it.	3.80	Often true
27. I believe that I was sexually abused.	1.86	Rarely True
28. My family was a source of strength and support.	4.59	Very True

Figure 2. Traumatic Experiences Encountered by the Respondents during their Childhood Years.

Regarding exposure to traumatic life events, respondents experienced a range of distressing events, particularly natural disasters and physical assault. While some events were directly experienced, others were witnessed or learned about. However, the data also revealed some uncertainty or detachment from certain experiences, indicating possible underreporting or coping through minimization or emotional distancing.

Result 3 : Level of post-traumatic stress symptoms exhibited by the respondents.

The results from Table 3 indicate that the respondents exhibit relatively low levels of post-traumatic stress symptoms (PTSS). The mean scores for all the items fall in the "Rarely True" category, suggesting that while respondents may experience some symptoms of PTSS, these are infrequent.

For example, common PTSS symptoms such as intrusive memories ("Repeated, disturbing memories, thoughts, or images of a stressful experience") and nightmares ("Repeated, disturbing dreams of a stressful experience") had mean scores of 2.27 and 2.10, respectively, both categorized as "Rarely True." These findings align with literature suggesting that while individuals who have experienced trauma may occasionally experience distressing memories or dreams, these symptoms are not always pervasive (Brewin et al., 2000). Moreover, reliving traumatic events and feeling "super-alert" or "on guard" (as in the items "Suddenly acting or feeling as if a stressful experience were happening again" and "Being 'super-alert' or watchful or on guard") had mean scores of 2.17 and 2.18, also indicating that these responses were rare among the respondents.

The avoidance symptoms associated with PTSS, such as avoiding thoughts, conversations, and situations related to the trauma, also scored relatively low. For instance, the mean score for "Avoiding thinking about or talking about a stressful experience" was 1.94, and "Avoiding activities or situations because they reminded you of a stressful experience" had a mean of 1.86. According to Foa et al. (2006), avoidance is a key component of PTSD; however, the low scores in this study suggest that such behaviors were not common among the respondents.

Similarly, negative mood and cognitive symptoms like feeling emotionally numb ("Feeling emotionally numb or being unable to have loving feelings for those close to you") and losing interest in activities ("Loss of interest in activities that you used to enjoy") had mean scores of 2.35 and 2.21, respectively, suggesting only rare instances of these symptoms. This aligns with findings from literature that show a

significant number of trauma survivors may report these symptoms, but they may not be experienced to a high degree (Neria, Nandi, & Galea, 2008).

Additionally, hyperarousal symptoms, which include feeling irritable or having trouble sleeping, were similarly rare. For instance, "Feeling irritable or having angry outbursts" and "Trouble falling or staying asleep" both had mean scores of 2.45, which suggests that while these symptoms were present, they were not prominent in the respondents' daily lives. Research indicates that hyperarousal symptoms are common in PTSD, but their intensity can vary greatly (Bisson et al., 2015).

The general trend observed in these results may reflect varying levels of resilience and the ability to cope with traumatic events. As noted in studies by Bonanno (2004), many individuals are able to recover from trauma without developing severe post-traumatic symptoms, likely due to protective factors such as social support and coping mechanisms. This is in line with the respondents' relatively low scores on post-traumatic stress symptoms.

The results indicate that the respondents show low to moderate levels of PTSS, with rarely experiencing symptoms such as intrusive memories, avoidance behaviors, negative moods, and hyperarousal. These findings suggest a level of resilience in the respondents, possibly aided by supportive social environments, adaptive coping strategies, or a combination of both. Further research could explore the underlying factors contributing to these low levels of post-traumatic stress symptoms and how these factors might influence long-term mental health outcomes.

Result 4 :Distressing or Traumatic Life Events Experienced by the Respondents.

The data in Table 4 present the various distressing or traumatic life events experienced by the respondents. The mean scores represent the respondents' direct or indirect encounters with these traumatic experiences. The highest mean score (5.39) was for natural disasters, categorized as "Happened to me," suggesting that many respondents personally experienced events such as floods, typhoons, or earthquakes. This is consistent with studies by Norris et al. (2002), who found that natural disasters are among the most common traumatic events globally and can significantly impact psychological well-being, even if they are non-interpersonal in nature.

Other events that respondents were primarily exposed to as part of their occupation include transportation accidents (mean = 3.31), serious accidents at work or during recreation (mean = 2.87), physical assault (mean = 3.38), and assault with a weapon (mean = 3.12). This finding reflects the notion that occupational environments, particularly in high-risk professions (e.g., law enforcement, first responders, healthcare workers), inherently expose individuals to traumatic experiences (Skeffington et al., 2016).

Interestingly, traumatic experiences such as sexual assault (mean = 2.55) and other unwanted sexual experiences (mean = 2.70) were marked with "Not sure" or linked to their jobs. Although lower compared to other items, these results echo the sensitive and often underreported nature of sexual trauma, as discussed by Walsh et al. (2012), who emphasized the difficulty of disclosure and the complex impacts of sexual trauma on survivors.

Respondents showed uncertainty ("Not sure") when reporting experiences like exposure to toxic substances (mean = 2.31), combat exposure (mean = 2.23), captivity (mean = 2.24), and witnessing sudden deaths (means ranging from 2.47 to 2.66). These relatively lower mean scores indicate that such experiences were either rare, indirect, or difficult for respondents to classify.

Notably, exposure to severe human suffering (mean = 2.84) was frequently identified as part of their job, aligning with prior research (Bride, 2007) highlighting how professionals, particularly in healthcare, social

work, and law enforcement, can experience secondary traumatic stress as a result of constant exposure to others' trauma.

According to the American Psychiatric Association (2013), exposure to trauma does not necessarily lead to PTSD unless it is intense, repetitive, or compounded by other factors like lack of social support. The relatively moderate mean scores in this table suggest that while respondents had been exposed to various distressing events, the majority had not experienced overwhelming trauma levels requiring clinical intervention.

Table 4. Distressing or Traumatic Life Events Experienced by the Respondents.

ITEMS	Mean	Description
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)	5.39	Happened to me
2. Fire or explosion	3.89	Learned about it
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)	3.31	Part of my job
4. Serious accident at work, home, or during recreational activity	2.87	Part of my job
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)	2.31	Not sure
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)	3.38	Part of my job
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)	3.12	Part of my job
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	2.55	Not sure
9. Other unwanted or uncomfortable sexual experience	2.70	Part of my job
10. Combat or exposure to a war-zone (in the military or as a civilian)	2.23	Not sure
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)	2.24	Not sure
12. Life-threatening illness or injury	2.36	Not sure
13. Severe human suffering	2.84	Part of my job
14. Sudden violent death (for example, homicide, suicide)	2.66	Not sure
15. Sudden accidental death	2.59	Not sure
16. Serious injury, harm, or death you caused to someone else	2.47	Not sure
17. Any other very stressful event or experience	2.58	Not sure

The respondents reported a range of traumatic life events, primarily involving natural disasters and occupational exposures such as accidents, physical assaults, and severe suffering. While some uncertainty was noted regarding other traumatic experiences, the data highlight the importance of occupational health monitoring and trauma-informed practices, especially for individuals in high-risk fields.

CONCLUSIONS

The study explored the demographic profile, childhood traumatic experiences, levels of post-traumatic stress symptoms, and exposure to distressing or traumatic life events of 231 persons deprived of liberty (PDLs) at the Correctional Institution for Women. The majority of respondents were in their prime adult years (25–44), were single, and had completed secondary education. These demographic factors may reflect the socio-economic vulnerabilities and personal challenges that could influence involvement in criminal behavior.

Despite encountering some negative experiences during childhood, the respondents generally reported positive familial support. Most indicated rarely experiencing neglect, physical abuse, or sexual abuse, and many affirmed feeling loved, supported, and protected. This suggests the presence of resilience-promoting factors in their early environments.

In terms of post-traumatic stress symptoms, the respondents exhibited low levels across all measured indicators, including intrusive memories, avoidance behaviors, negative mood, and hyperarousal. This may reflect a degree of emotional resilience, potentially supported by earlier positive familial relationships and adaptive coping mechanisms.

Regarding exposure to traumatic life events, respondents experienced a range of distressing events, particularly natural disasters and physical assault. While some events were directly experienced, others

were witnessed or learned about. However, the data also revealed some uncertainty or detachment from certain experiences, indicating possible underreporting or coping through minimization or emotional distancing.

RECOMMENDATIONS

To address the psychological and emotional needs of Persons Deprived of Liberty (PDLs), it is recommended that the Bureau of Jail Management and Penology (BJMP) and the Correctional Institution for Women (CIW), in partnership with local government units (LGUs) and non-governmental organizations (NGOs) specializing in trauma care, implement targeted psychological support programs. Although post-traumatic stress symptoms (PTSS) levels among respondents are generally low, the presence of trauma and instances of emotional abuse necessitate regular mental health screening and trauma-informed psychological interventions tailored specifically for PDLs. Moreover, BJMP and CIW social workers, together with the Department of Social Welfare and Development (DSWD) and community or faith-based organizations, should enhance family and social reintegration programs. Since many respondents reported strong familial support during childhood, integrating family-based interventions and relationship-building activities into correctional programs will help strengthen social bonds and support reintegration after incarceration.

Given that emotional abuse was more commonly reported than physical or sexual abuse, there is a need to raise awareness of subtle forms of abuse. This responsibility falls to counseling units and psychosocial practitioners within BJMP and CIW, who should focus on helping PDLs recognize and address emotional trauma, which often goes unacknowledged but can have lasting psychological effects. Furthermore, BJMP and CIW welfare officers, with support from trained mental health facilitators and rehabilitation experts, should strengthen peer support systems within correctional facilities. Structured peer support groups can offer valuable emotional outlets, promote social connectedness, and serve as protective factors against mental health deterioration during incarceration.

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