

Article 15: Human Development and Adult Incarceration

Adult incarceration in the United States is linked to several aspects of **human development**, including **cognitive** (Ahalt et al., 2018; Testa et al., 2025), **psychosocial** (Haney, 2001; Liem & Kunst, 2013), and **physical outcomes** (Curran et al., 2023; Garcia-Grossman et al., 2023). These outcomes combined create a cycle where developmental deficits can increase the likelihood of criminal activity and incarceration, which in turn can worsen such deficits. Furthermore, high rates of recidivism—in this case, the rearrest and reincarceration of former inmates—also underscore the problems that ex-offenders encounter as they try to transition back into society, where discrimination is common.

Adult Incarceration and Cognitive Development

Adult incarceration has been negatively associated with cognitive development, both due to conditions within the carceral environment and pre-existing factors among the incarcerated population. Moreover, previously incarcerated individuals often exhibit higher rates of cognitive impairment than their non-incarcerated peers (Ahalt et al., 2018; Testa et al., 2025).

For instance, a study looked at cognitive impairment rates among older adults in jail and the ways those affected health and criminal justice outcomes. The sample for the study consisted of 310 adults aged 55 and older held in the San Francisco County Jail in California. The mean age for the participants was 59, with ages ranging from 55 to 80. Roughly 75% of participants were nonwhite, and about 85% reported annual incomes under \$15,000. The researchers drew on both cross-sectional data (185 people) and longitudinal data (125 people followed for six months). Particularly, they measured health and cognitive status using the Montreal Cognitive Assessment (MoCA) and tracked follow-up emergency department visits, hospitalizations, and repeated arrests. Findings showed that around 70% of the participants scored below 25 on the assessment, suggesting possible cognitive impairment. Additionally, developmental delays were more prominent among nonwhite participants. In the follow-up phase, lower assessment scores predicted more emergency department visits, hospitalizations, and repeated arrests. Overall, the results revealed a strong link between cognitive impairment and both poor health and justice outcomes. Thus, the authors concluded that jails need more informed approaches to assess and manage cognitive health in this population (Ahalt et al., 2018).

Another study examined the association between prior incarceration and cognitive trajectories among older adults in the United States. The researchers used data from the Health and Retirement Study (HRS), which included respondents aged 55 and older who had valid cognition scores, incarceration history, and metrics linked to other relevant factors. The sample involved 5,663 participants. The researchers looked at patterns of cognitive changes over time and analyzed how prior incarceration was related to different patterns of cognitive decline. Results showed that formerly incarcerated individuals were more likely to follow trajectories with lower cognitive scores and steeper declines over time. However, these associations weakened after accounting for sociodemographic and health characteristics and were no longer statistically significant when educational attainment was considered. Overall, older adults with prior incarceration showed poorer cognition than those never incarcerated. Moreover, education appeared to play a key role in this relationship. Researchers concluded that understanding the impact of incarceration on cognitive health requires further research, emphasizing the need for policies and programs to support cognitive aging among formerly incarcerated older adults

(Testa et al., 2025).

Adult Incarceration and Psychosocial Development

Adult incarceration negatively affects psychosocial development through the trauma and structural disruptions inherent in the prison system. The institutional environment in such settings can worsen or trigger mental illness, as well as impair a person's social and psychological functioning both inside and after release (Haney, 2001; Liem & Kunst, 2013).

Following that lead, a literature review published by the U.S. Department of Health and Human Services examined the relationship between incarceration and its psychological impact, focusing on the effects that influence people's ability to adjust after release. The study draws on research and observations about life inside U.S. prisons, especially in recent decades as prisons have become more crowded, more punitive, and less focused on rehabilitation. The author describes a process called "prisonization," where inmates adopt habits, ways of thinking, and emotional responses that help them survive inside but can lead to problems outside. For instance, they may grow dependent on institutional routines, develop deep mistrust of others, or suppress their emotions to avoid showing vulnerability. Some withdraw socially, while others adopt aggressive or exploitative behaviors as a form of self-protection. These adaptations can erode self-worth, increase isolation, and leave lasting psychological scars. Certain groups are particularly vulnerable, including those in solitary confinement, people with mental illness or developmental disabilities, and individuals with substance use histories. The psychological effects of incarceration often persist after release, disrupting family relationships, employment opportunities, and community reintegration. The author concludes that meaningful change requires reforms in prison environments, stronger reentry programs, and expanded community services. Thus, they believe these steps could reduce the lasting harms of incarceration and improve post-prison adjustment (Haney, 2001).

On that same note, a study examined the relationship between long-term incarceration and psychological symptoms that may form a distinct "post-incarceration syndrome," related to but separate from PTSD. They conducted in-depth life-history interviews with 25 former lifers who had served an average of 19 years in a state correctional prison in Massachusetts. The participants were asked about their experiences before, during, and after incarceration, including mental health, relationships, adaptation, sense of self, and reentry into society. Based on these interviews, the authors identified a set of symptoms that went beyond traditional PTSD. In addition to common PTSD effects like re-experiencing and hyperarousal, participants exhibited institutionalized personality traits such as distrust, difficulty forming relationships, and trouble making decisions. They also reported social-sensory disorientation (struggling with social interactions and spatial awareness) and social and temporal alienation (feeling disconnected from society and perceiving positive experiences as temporary or fragile). The authors stated that these patterns appear to form a recognizable subtype of PTSD, which they called "post-incarceration syndrome." Furthermore, they argued that recognizing this syndrome could inform mental health support for people reentering society after long sentences. Hence, they recommended further research to develop diagnostic tools and better understand how widespread these effects are among former lifers (Liem & Kunst, 2013).

Adult Incarceration and Physical Development

Adult incarceration is negatively linked to physical development, often leading to accelerated aging, aggravation of chronic diseases, and an overall decline in health both inside prison and following release. Several factors within the carceral environment contribute to this poor physical health trajectory, including stress, limited physical activity, and inadequate healthcare (Curran et al., 2023; Garcia-Grossman et al., 2023).

For instance, a study examined the use of prescription medications among individuals incarcerated in jails and state prisons in the United States, as compared to the nonincarcerated population. The researchers used data from the National Survey on Drug Use and Health (NSDUH) to estimate the prevalence of chronic conditions among the adult population and IQVIA's National Sales Perspective (NSP) to estimate the volume of prescription medications distributed. They analyzed the alignment between disease prevalence and medication availability to assess access among incarcerated individuals. The study found that people in correctional facilities had substantially lower access to medications for chronic conditions such as hypertension, diabetes, mental health disorders, and infectious diseases compared to the general population. These gaps persisted even after adjusting for disease prevalence and demographic differences. The findings indicated that incarcerated populations experienced limited access to necessary medications, which worsened health outcomes. The authors concluded that inadequate healthcare in correctional settings is a significant public health concern. Furthermore, they emphasized that improving medication access is critical to addressing physical development disparities. The study highlights the need for policy reforms to ensure incarcerated individuals receive adequate medical care. It also suggests that monitoring medication distribution could help identify and reduce gaps in treatment. Overall, the authors called for targeted interventions to improve health equity and physical development for incarcerated populations in the United States (Curran et al., 2023).

Another study examined the relationship between history of incarceration and the prevalence of geriatric syndromes and chronic diseases among older adults in the U.S. Researchers collected data from the Health and Retirement Study and analyzed responses from 13,462 community-dwelling adults aged 50 and older. Participants provided self-reported information on their incarceration history, along with health outcomes assessed during the 2012 or 2014 survey waves. After adjusting for variables such as age, sex, race and ethnicity, wealth, educational attainment, and insurance status, history of incarceration was associated with a 20% to 80% increased risk of various geriatric syndromes, including impairment in activities of daily living and hearing loss. Additionally, incarceration history was linked to higher risks of chronic conditions like chronic lung disease, mental health disorders, and heavy alcohol use. However, no significant association was found with diabetes or cardiovascular diseases. The researchers concluded that history of incarceration is associated with an elevated risk of multiple geriatric syndromes and chronic diseases in older adults, even after accounting for socioeconomic factors. Moreover, they suggested that healthcare providers and policymakers should consider a patient's incarceration history when addressing health risks in older age (Garcia-Grossman et al., 2023).

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