

Post-Traumatic Stress Disorder (PTSD)



What is PTSD?

Post-Traumatic Stress Disorder (PTSD) is a condition that some people develop after experiencing or witnessing a traumatic, stressful or distressing event. Any circumstances which an individual experiences as traumatic can trigger the condition and it is important to remember that trauma is subjective. Such events may include personal assaults, traffic accidents, health emergencies and witnessing traumatic incidents. PTSD is estimated to affect about 1 in every 3 people who have a traumatic experience.

Common symptoms of PTSD include:

- Disturbing flashbacks.
- Sleep problems (including insomnia).
- Difficulties with maintaining attention.
- Irritability.
- Difficulties with emotional regulation.
- Feelings of guilt.
- Feeling on 'high alert' at all times (hypervigilance).

Complex PTSD (C-PTSD) is a closely related condition which can result from recurrent distressing experiences or prolonged periods of stress.

Common experiences which trigger C-PTSD include suffering ongoing neglect or abuse. In C-PTSD, an individual may experience the same symptoms as PTSD, alongside particular difficulties navigating interpersonal relationships and managing their emotions.

Impact of PTSD in legal proceedings

If your client has PTSD or C-PTSD, they may find it particularly challenging to manage their emotions during court proceedings. They may experience severe anxiety, emotional dysregulation and their "fight", "flight", "freeze", "fawn" responses to stress may be more easily triggered. This may result in a number of responses such as:

- Anger or aggression.
- Numbness.
- 'Inappropriate' or unexpected emotions.
- Over-sharing.
- Inability to speak.
- A sense of disconnection from the incident.

These reactions can also occur when proceedings do not relate to the source of their trauma. However, it is common that proceedings will touch on or directly pertain to trauma from your client's past, which can trigger responses such as flashbacks and panic attacks.

All of these difficulties can have a significant impact upon communication, and can negatively affect your client's ability to focus on, take in, understand and share information. They may also:

- **Experience fatigue** due to sleep difficulties and hypervigilance, which can impact their ability to focus on information presented during conferences and hearings. Lack of sleep can also worsen mental health difficulties and have a negative effect upon cognitive abilities.

- **Experience side effects from medication** used to treat PTSD symptoms which may cause drowsiness or lightheadedness.
- **Struggle to maintain their attention**, process and understand information, particularly when emotionally dysregulated.
- **Have difficulty discussing certain topics** when giving instructions, in conference or during their evidence.
- **Experience flashbacks**, preventing them from participating effectively in conferences or hearings.
- **‘Zone out’ or dissociate** which may impede communication or prevent them from taking in information.



Keep your client informed about timings, locations and proceedings to allow them as much of a sense of control as possible (particularly where things are changing).



Use a visual self-rating scale or break card in conferences and hearings to allow your client to easily share how they are feeling and to self-advocate for breaks. Check in with them frequently.



Take breaks when your client’s emotional dysregulation begins to climb. Taking a break earlier, to allow your client to re-regulate before distress worsens, will allow them to participate more effectively for longer.



Have a break plan. Ask your client about the strategies they use to regulate their emotions. Agree a break plan including how they can request a break and how they will use the break (e.g., alone, with a comfort object, undertaking a mindfulness exercise). It may be helpful to agree an ‘emergency break’ plan with the court during a [Ground Rules Hearing](#), to allow your client to leave the courtroom without requesting to do so, as needed.

Tips & strategies

These tips may assist in both conferences and hearings. It is important to keep in mind that no two people with PTSD are the same, so adjustments and strategies should be implemented in a person-centered way.



Ask about your client’s triggers (only if they are comfortable and willing to share this information). Be aware that your client may not know what their triggers are. Triggers can be anything from a smell, sound, person or even an object. If you are aware of these triggers, you can help support your client to avoid or manage them in conferences or hearings.



Do not attempt to communicate important information when your client is experiencing a flashback or panic attack.



Ask about any strategies your client may have for managing their symptoms of PTSD. Encourage and enable them to put these strategies into practice in conferences and court. For example, any specific, practical steps could be raised at a [Ground Rules Hearing](#), to empower your client to make use of these tools during proceedings.



Use direct, succinct and simple language, particularly when your client is emotionally dysregulated.



Provide a simple written note (or voice note, if your client has low literacy but can use a smartphone) after conferences and hearings to ensure they do not miss key information.



Arrange a familiarisation visit to the courtroom. This will help them to know what to expect on the day of the hearing. They will have an understanding of their surroundings. The position and role of different parties can be explained in advance. These steps can help manage hypervigilance symptoms. It can also be helpful to conduct a further familiarisation visit to the location your client will give evidence from (e.g., witness box, video-link room) and to run through the process of giving evidence (e.g., reading the oath/affirmation, who will ask questions first, steps to take if they need a break).



Be reliable, even beyond the normal professionalism you would expect. Following through on responsibilities, commitments, and appointments fosters a sense of trust, which is vital for someone with PTSD.

Facts & statistics

4%

of people in the UK have PTSD (*McManus et al., 2016*)

21%

of women in prison have PTSD (*Facer-Irwin et al., 2019*)



In family law proceedings, the mental health of women with domestic abuse-related PTSD often deteriorates (*Douglas, 2017*)

Sources

McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016). *Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014*.

Facer-Irwin E, Blackwood NJ, Bird A, Dickson H, McGlade D, Alves-Costa F, et al. (2019) *PTSD in prison settings: A systematic review and meta-analysis of comorbid mental disorders and problematic behaviours*.

Douglas H. (2017). *Domestic and Family Violence, Mental Health and Well-Being, and Legal Engagement. Psychiatry, psychology, and law : an interdisciplinary journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law*, 25(3), 341–356.



Further reading

- The Advocate's Gateway - [Toolkit 12: Planning to question someone with a suspected \(or diagnosed\) mental health disorder](#)

From The Access Brief

- Kama Melly KC on [Trauma-informed, person-centred legal practice](#) (from the Access to Justice Conference 2023).
- [Supporting emotional regulation](#)
- [Anxiety in legal proceedings](#)
- [How can an intermediary assist at trial?](#)
- [Intermediary assessments](#)



“PTSD and C-PTSD can render an individual unable to properly process their traumatic experience, which may result in symptoms such as flashbacks, nightmares, feelings of alienation, diminished empathy, or avoidance of reminders of the initial trauma.

The multitude of symptoms that result can mean that criminal proceedings can be difficult, and in fact, be further traumatising if not handled carefully. In order to support a client with PTSD or C-PTSD, it's vital a relationship with a strong sense of trust is gained, and we hope that this resource helps garner that connection and a deeper understanding of how trauma, PTSD or C-PTSD can impact an individual”.

Jacqui Suttie, Founder and CEO - PTSD UK

If you, your client or their family members would like more information, or to access resources and support with any aspect of PTSD or C-PTSD, please visit PTSDuk.org.

Intermediary services

If you are concerned about your client's ability to communicate effectively and participate in legal proceedings, Communicourt can help.

We will assess your client to understand their communication needs and how these might affect them in court. Your client does not need to have a diagnosis. Our reports will identify any particular communication issues and make bespoke recommendations to help you and your client throughout proceedings.

If intermediary assistance is recommended, one of our highly trained intermediaries can be there throughout proceedings to facilitate those recommendations.

Intermediaries are mostly funded by HMCTS, with no charges or payments required by legal representatives.

How to book an intermediary

- 1 Refer online.** Refer your client for an assessment through [our online portal](#) (5 minutes).
- 2 Funding.** We send a quote for you to send to Legal Aid / HMCTS to approve (24 hours).
- 3 Book assessment.** Once funding is approved, please let us know. We will schedule an assessment (2-6 weeks).
- 4 Assessment will** take up to 3 hours and can be conducted in person or remotely. You will then receive a report (7 days).
- 5 Book dates** for hearings or conferences. We will send you booking forms to be signed by the court. Once signed, we will book the intermediary.