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The Feasibility and Effectiveness of Eye Movement Desensitisation and Reprocessing (EMDR) in Criminal Justice Settings: A Scoping Review

Abstract

Purpose

Eye Movement Desensitisation and Reprocessing (EMDR) is an established trauma therapy with potential relevance for criminal justice settings, where trauma exposure is highly prevalent. This scoping review aimed to map the current evidence base for EMDR with criminal justice-involved populations, with particular attention to trauma-related outcomes and the feasibility of delivery in these contexts.

Design/methodology/approach

Seven electronic databases were searched from inception to November 2024, with an updated search conducted in November 2025, identifying one additional eligible study. One further study was identified through contact with the author of an included study. Studies were eligible if they reported the use of EMDR as an intervention with criminal justice-involved populations. Included studies were charted by setting, population, study design, outcomes and key findings.

Findings

Twelve studies were identified: five quantitative, two qualitative and five case studies covering prison, youth residential, probation/parole and community forensic settings. Six of the seven empirical studies reported broadly positive findings, including reductions in Post-traumatic stress disorder (PTSD) symptoms, behavioural problems and deviant arousal, and improved treatment engagement. However, the evidence base was small, methodologically varied and limited in scope. Several studies noted that the custodial environment affected delivery, with limited privacy, disrupted session continuity and reduced psychological safety. Preparation and stabilisation before trauma processing was a recurring consideration.

Practical implications

Practitioners should ensure adequate stabilisation prior to trauma processing, plan for session continuity disruptions, and avoid overstating EMDR's impact on reoffending risk. Psychiatric complexity, including comorbid psychosis, substance use and neurodevelopmental presentations, require careful formulation and potential protocol adaptation before commencing EMDR in criminal justice settings (CJS). While the existing

evidence is broadly encouraging, it does not yet support claims about EMDR's effectiveness across the full range of CJS populations.

Originality

To the authors' knowledge, this is the first scoping review to map the evidence base for EMDR with justice-involved individuals. Prior work has reviewed trauma-focused interventions in prisons (Malik et al., 2023), a recent editorial outlined the need for research into EMDR in CJS contexts (Crole-Rees et al., 2025), and a systematic review of EMDR for PTSD in forensic settings has been reported in conference abstract form (Prasad et al., 2025). However, no full peer-reviewed review has synthesised the available empirical and qualitative evidence across this whole population. This review addresses that gap and provides a foundation for future research prioritisation and practice development.

Keywords: Eye Movement Desensitisation and Reprocessing; EMDR; PTSD; Trauma; Criminal Justice; Scoping review

Introduction

Eye Movement Desensitisation and Reprocessing (EMDR) is a psychotherapeutic approach widely used in the treatment of trauma (Lalotis & Shapiro, 2022) and post-traumatic stress disorder (PTSD) (de Jongh et al., 2019; NICE guidelines, 2018). Initially developed by Francine Shapiro in the late 1980s, EMDR integrates elements from various therapeutic modalities, including cognitive-behavioural, psychodynamic and interactional therapies, but is distinguished by its use of bilateral stimulation, most typically in the form of eye movements (Shapiro & Maxfield, 2002). EMDR is based on the adaptive Information Processing model. This proposes that psychological distress arises when memories of adverse events are not fully processed, and are instead stored with the emotions, sensations and beliefs that were present at the time (Shapiro and Maxfield, 2002). Bilateral stimulation during recall is thought to help these memories be reprocessed and integrated with other memories, although exactly how this works is still debated (de Jongh et al., 2024). Over the past three decades, a growing body of empirical evidence has supported EMDR as an effective treatment for PTSD and related conditions (e.g., Moreno-Alcázar et al., 2017; de Jongh et al., 2024). Its use within the criminal justice system (CJS) may be relevant, particularly for addressing trauma, which is prevalent among both victims and offenders.

Addressing trauma in justice-involved individuals may be relevant to rehabilitation, treatment engagement and factors associated with reoffending. Research indicates that a substantial number of individuals within the criminal justice system have experienced significant trauma, which often contributes to criminal behaviour (DeLisi et al., 2017). Histories of physical abuse, sexual abuse, neglect, exposure to community violence, and complex developmental trauma are disproportionately represented in justice-involved populations (Baglivio et al., 2014; Wolff & Shi, 2012; Fox et al., 2015). Facer-Irwin et al. (2022) reported that 64% of men in prison in England and Wales had experienced eight or more traumatic events. Untreated trauma can lead to emotional dysregulation, aggression, and substance abuse, all of which can perpetuate criminal behaviour (Ford et al., 2012). Crole-Rees et al. (2025) argue that trauma may be a risk factor for violence in and of itself and may also underpin social and psychological factors that are widely regarded as risk factors for offending. Trauma histories are also increasingly considered within structured

violence risk assessment and formulation, where they can inform understanding of how offending behaviour develops and is maintained (Fritzson et al., 2021). Effective treatment of trauma may support improved emotional regulation and mental health in justice involved individuals, which may in turn be relevant to rehabilitation and reoffending risk (Levenson et al., 2021). Additionally, addressing trauma can enhance an individual's ability to engage in rehabilitation programs, and gain benefit from them, improving their prospects for reintegration into society (Ardino et al., 2013).

Although trauma-informed approaches have increasingly been acknowledged as a vital component of criminal justice reform, the practical integration of evidence-based trauma treatments like EMDR within all areas of the CJS remains limited and inconsistently applied. This may be due to barriers such as limited clinician training, resistance from staff or departments and funding constraints. However, trauma-informed care, including EMDR, may offer important benefits for rehabilitation and the reduction of offending (Williams & Frey, 2018).

The use of EMDR within CJS settings such as prisons, probation services and young offender institutions may present unique challenges. While prisons are controlled environments within which regular therapeutic sessions can be scheduled, environmental constraints exist, including lack of private space or staff shortages, as well as a lack of psychological safety within the environment. Such factors could interfere with the effective delivery of trauma therapy. Similarly, while community-based settings such as probation services may offer more flexibility, there may be challenges in terms of lifestyle instability, attendance, engagement and resources.

EMDR, together with trauma-focused Cognitive Behaviour Therapy (CBT), is recommended for the treatment of PTSD in NICE guidelines (NICE, 2018). While the effectiveness of EMDR is well established in mental health settings (e.g., Carletto et al., 2021; Every-Palmer et al., 2024), its application in criminal justice settings is under-researched. Malik and colleagues (2023) conducted a recent review of the effectiveness of trauma-focused interventions in prisons and investigated the impact of factors which could modify the treatment through a meta-regression analysis. Studies were included if they were randomised or nonrandomised

studies which compared pre-post outcome measures of trauma focused interventions with prison control comparisons (i.e., no contact, wait-list, and active-treatment). Although they identified 16 studies, no studies had implemented EMDR. Malik et al. (2023) found a small but significant effect size for trauma-focused interventions delivered within prisons.

Whilst the evidence base indicates that trauma-focused CBT and EMDR demonstrate broadly comparable clinical effectiveness for PTSD (de Jongh et al., 2019), Simpson et al. (2025) identified preliminary evidence suggesting EMDR may be associated with lower treatment costs in some contexts, though the authors note that this finding requires replication and has not been examined in criminal justice settings. Given that CJS services frequently operate under significant resource constraints, this warrants future investigation.

To the authors' knowledge, no previous full peer-reviewed scoping or systematic review has mapped the evidence for EMDR across criminal justice-involved populations. Whilst Malik et al. (2023) reviewed the effectiveness of trauma-focused interventions in prisons, they did not include any studies evaluating EMDR, as no randomised or non-randomised studies existed at the time of their search. Crole-Rees et al. (2025) subsequently published an editorial highlighting the need for research into EMDR in CJS settings. A systematic review of EMDR for PTSD in forensic settings has been reported in conference abstract form (Prasad et al., 2025), but no full text has been published, so its search method and included studies cannot be examined. The current review addresses this gap by synthesising the full available evidence base on EMDR in criminal justice-involved populations to guide future research and practice.

Methods

Design

A scoping review was conducted and reported in accordance with PRISMA-ScR guidelines: <http://www.prisma-statement.org/>. As this was a review of published literature and involved no primary data collection from participants, ethical approval was not required. All included studies had appropriate ethical approvals. A scoping review was selected because the literature was expected to be small, methodologically diverse and spread across

different criminal justice settings. Scoping reviews are recommended where the purpose is to map the extent, range and nature of the available evidence and to identify gaps, rather than to answer a narrowly defined question about effectiveness (Munn et al., 2018). A rapid evidence assessment was considered but not adopted. Rapid reviews are accelerated forms of systematic review, usually produced when findings are needed quickly, and they shorten stages such as searching, screening or extraction to save time. This review was not conducted under time pressure. Dual independent screening and extraction were used throughout, and the review followed JBI guidance for scoping reviews (Peters et al., 2021)

Literature search strategy

Seven electronic databases were searched from inception to November 2024, and the search was updated in November 2025: Web of Science, PsycINFO, CINAHL, ASSIA, Medline, Embase and Scopus.

Search terms were generated for EMDR (eye movement desensitisation therapy/ or eye movement desensitisation.mp or eye movement desensitisation or emdr.mp) and Criminal Justice settings (prison* or inmate* or criminal* or jail* or gaol* or penal institut* or detention or incarcerat* or correctional or probation* or court* or remand* or (liaison and diversion) or police or custody or exp correctional institutions).

Search terms were deliberately limited to the intervention and setting. As EMDR is, by definition, a trauma-focused treatment, the EMDR terms capture the intervention regardless of how individual studies describe trauma or treatment. Adding terms such as 'trauma' or 'treatment' with the AND operator would have narrowed retrieval and risked missing eligible studies, while adding them with the OR operator would have returned large volumes of literature unrelated to EMDR.

Selection process

In line with JBI guidance for scoping reviews, eligibility was framed using the Population, Concept and Context (PCC) framework (Peters et al., 2021). The population comprised adults and children or young people involved in the criminal justice system. The concept was

EMDR delivered as an intervention. The context was criminal justice settings, including prisons, probation services and young offenders' centres.

Papers were selected according to the following criteria:

Inclusion criteria

- Adults and children/young people involved in the criminal justice system, including prisons (remand and sentenced), probation services, and young offenders' centres *and*
- Studies where EMDR was delivered as the primary intervention, or where EMDR was delivered alongside another intervention but EMDR-specific outcomes could be clearly distinguished *and*
- All peer reviewed published study types with primary data (quantitative and qualitative, excluding dissertations, theses, and unpublished studies) *and*
- Studies that are published fully in English and studies in other languages whose titles and abstracts were available in English.

Exclusion criteria

- Review articles, including systematic reviews and meta-analyses, editorials and commentaries, as these do not contain primary data (reference lists of relevant articles were screened for eligible primary studies) *or*
- Studies conducted exclusively in secure forensic hospitals (however, studies with mixed forensic/custodial/community samples were considered where a criminal justice component was present; these were to be interpreted cautiously where subgroup findings could not be separated) *or*
- Studies combining EMDR with other psychotherapies without clearly isolating EMDR's effects *or*
- Studies focusing on outcomes unrelated to the impact of EMDR on the target population.

Quality appraisal

Formal risk-of-bias appraisal was not undertaken, consistent with the mapping purpose of a scoping review (Peters et al., 2021). However, methodological limitations were considered narratively throughout the synthesis. The included studies varied considerably in design quality. Most quantitative studies lacked control conditions, used small and potentially unrepresentative samples, and relied on self-report outcome measures. Several studies did not report follow-up data beyond the immediate post-treatment period, or reported only short-term follow up (Colosetti & Thyer, 2000; Soberman et al., 2002; Bashir et al., 2023), limiting conclusions about the durability of treatment gains. Qualitative studies were small in scale, limiting transferability of findings. These limitations are noted where relevant in the Results and Discussion sections and should be borne in mind when interpreting the findings of this review.

Data extraction

All titles and abstracts were imported into Endnote, duplicates removed, and two independent reviewers rated all titles and abstracts independently of one another. There was 96% agreement on selection with disagreements resolved through discussion.

Data from included papers were extracted into templates developed for the study (Table 1). Data from extracted papers included information on study aim, sample characteristics, EMDR intervention, design of study and outcome measures, results and author conclusions. Data were extracted by two researchers, each blind to the other at time of extraction. Findings were synthesised narratively due to the included studies varying substantially in design, population, setting and outcome measures. The synthesis followed the general principles for narrative synthesis by Popay et al. (2006). Meta-analysis was not undertaken. The studies were few in number, five of the twelve were single case studies, and the design, populations and outcome measures were too varied to support statistical pooling. Pooling is not the purpose of a scoping review, which is designed to map evidence rather than measure effects (Peters et al. 2021). The synthesis was drafted by one member of the research team and reviewed by the wider author team.

Results

Outcome of study selection process

The number of records identified in both the original (n=1574) and update search (n=31) was 1,605, of which 794 unique titles and abstracts were screened. In total, 39 full texts were assessed across both searches. Twelve articles were included in the final review (Bashir et al., 2023; Colosetti & Thyer, 2000; Greenwald, 2000; Kitchiner, 2000; Ricci, 2006; Ricci et al., 2006; Ricci & Clayton, 2008; Soberman et al., 2002; and ten Hoor, 2013). One article was identified through reference-list screening (Every-Palmer et al., 2024), one was identified through the update search (Wright et al., 2024), and one further case study was identified during manuscript revision through contact with the author of an included study (Wright and Warner, 2020).

Findings are synthesised narratively below. Of the twelve, five were case studies (Greenwald, 2000; Kitchiner, 2000; Ricci, 2006; ten Hoor, 2013; Wright and Warner, 2020) and are considered separately, reflecting their limited generalisability and the absence of experimental control. The study selection process is shown in Figure 1.

Figure 1 about here.

Study characteristics and population demographics

Seven empirical studies were included: five quantitative and two qualitative. Every-Palmer et al. (2024) included a mixed forensic inpatient/custodial/community sample and findings were not disaggregated by custodial/community criminal justice status. Given this limitation, Every-Palmer et al., (2024) is retained in the review as providing relevant contextual evidence regarding the safety and acceptability of EMDR with psychiatrically complex forensic populations, but its findings are not treated as direct evidence of effectiveness in clearly defined CJS-only settings. Two studies, Ricci (2006) and Ricci & Clayton (2008) examined the same 10 participants and therefore represent one unique sample rather than two independent cohorts.

The included studies were conducted across three countries. Five were conducted in the United States (Bashir et al., 2023; Colosetti & Thyer, 2000; Ricci et al., 2006; Ricci & Clayton, 2008; Soberman et al., 2002), one from New Zealand (Every-Palmer et al., 2024) and one

from the United Kingdom (Wright et al., 2024). These studies included incarcerated adults, boys in residential treatment, men on community probation/parole and men seen within a community adult forensic psychology service. Table 1 summarises the five quantitative and two qualitative studies. The four case studies are described separately below.

Participant demographics varied considerably across studies, with sample sizes ranging from five to 122 individuals. Gender distribution showed mixed populations with Bashir et al. (2023) including both male and female adults, Colosetti & Thyer (2000) focused exclusively on female adults while Ricci et al. (2006), Ricci and Clayton (2008) and Wright et al. (2024) focused exclusively on adult men. Soberman et al. (2002) considered boys aged 10-16. Every-Palmer et al. (2024) reported males and females, but it is not possible to distinguish which were in the criminal justice setting.

Table 1 about here

Diagnostic characteristics

Studies encompassed participants with diverse diagnostic presentations. While all participants met either the PTSD diagnostic criteria or presented with traumatic memories, several studies documented significant comorbid conditions. Bashir et al. (2023) included participants with dual diagnoses of PTSD and substance use disorders. The Soberman, Greenwald & Rule (2002) study presented youth with complex diagnostic profiles. While all reported traumatic memories, 59% met criteria for conduct disorder, 31% for PTSD, 17% for attention deficit hyperactivity disorder (ADHD), 14% for learning difficulties, 13% for substance abuse, and 3% for oppositional defiant disorder. Colosetti & Thyer (2000) focused specifically on females with a history of domestic violence who all met DSM-IV criteria for PTSD. The participants in Ricci et al. (2006) and Ricci & Clayton (2008) and Wright et al. (2024) consisted of men with childhood sexual abuse histories who had offended against children.

The Every-Palmer et al. (2024) study involved participants with PTSD comorbid with severe mental illness, including schizophrenia (58%), bipolar affective disorder with psychotic features (17%), psychosis (13%), schizoaffective disorder (8%), and major depression with psychotic features (4%).

EMDR intervention characteristics and treatment outcomes

EMDR interventions varied in intensity and duration across studies. Colosetti & Thyer (2000) delivered three sessions for all, with Participant 1 receiving additional sessions in a second phase, Soberman et al. (2002) delivered three weekly 1-hour sessions, Bashir et al. (2023) offered up to 10 sessions, Ricci et al. (2006) and Ricci & Clayton (2008) reported an average of six sessions, Every-Palmer et al. (2024) delivered nine sessions, and Wright et al. (2024) involved substantially longer treatment, with participants completing between 23 and 36 sessions.

Most studies reported using standard or adapted EMDR protocols in line with established EMDR guidelines, although reporting detail varied. Treatment delivery was individual, with sessions typically lasting 60 minutes and conducted weekly. Six of the seven empirical studies reported broadly positive outcomes for EMDR therapy. Bashir et al. (2023) reported substantial reductions in PTSD symptoms as measured by the PTSD Checklist-Civilian Version (PCL-C), with improvements sustained at follow-up assessments. Similarly, Soberman, Greenwald & Rule (2002) found significant reductions in trauma-related distress and behavioural problems in adolescents.

Some studies reported improvements in trauma-related symptoms and treatment-process variables that may be relevant to offending-related behaviour. Ricci, Clayton & Shapiro (2006) reported that adding EMDR to standard cognitive-behavioural therapy for men who had offended sexually against children produced significant reductions in deviant arousal as measured by penile plethysmography, with effects sustained at 6-12 month follow ups. Further, qualitative findings (Ricci & Clayton, 2008) revealed that, in the same sample of men as the 2006 study, EMDR helped with recognition of trauma related cognitive distortions, increased empathy, and improved engagement in treatment amongst participants. Wright et al. (2024) extended these findings through in-depth qualitative interviews with five men who had completed EMDR for childhood sexual abuse memories following convictions for sexual offences against children. Three superordinate themes emerged from their analysis: changing perceptions (where participants' views of their own

abuse shifted from consensual to recognising harm, leading to increased victim empathy and reduced sexual preoccupation with children); safety and control (participants reported feeling safer around children experiencing fewer distressing or sexually preoccupying thoughts in those situations, and developing a greater sense of control over previously compulsive patterns along with describing feeling that they had escaped a perceived cycle of offending); and connectedness to others (participants recognised that their offending had been motivated partly by seeking emotional connection rooted in their own victimisation, and developed desires for healthy adult relationships). These qualitative findings suggest some participants experienced changes in how they understood their own abuse histories, offending related thoughts, and sense of control following EMDR. However, these findings were based on a small qualitative sample and should not be interpreted as evidence of reduced offending.

However, not all studies showed clear benefits. Colosetti & Thyer (2000) found limited evidence of EMDR's effectiveness beyond relaxation training in a small sample of five female intimate partner violence survivors, with just one participant showing meaningful improvement during the EMDR phase. Every-Palmer et al. (2024), in a randomised controlled trial, demonstrated significant improvement on the primary PTSD outcome measure, the Clinician-Administered PTSD Scale (CAPS), with fewer participants in the EMDR group meeting PTSD criteria at 6 months compared to controls. Additionally, significant improvements were also seen in outcomes including self-esteem and depression at 10 weeks, while psychotic symptoms remained stable throughout treatment.

Case studies

The five case studies examining EMDR in criminal justice settings were conducted across three countries; two in the United States (Greenwald, 2000; Ricci, 2006), one in the Netherlands (ten Hoor, 2013) and two in the United Kingdom (Kitchiner, 2000; Wright and Warner, 2020). Participants included adolescents and adults ranging from 15 to 56 years old. These comprised of two adolescent males with conduct disorder in residential treatment (Greenwald, 2000), one young adult male in prison with PTSD following trauma (Kitchiner, 2000), and three men who had offended sexually against children with their own histories of childhood sexual abuse (Ricci, 2006; ten Hoor, 2013; Wright and Warner, 2020).

Wright and Warner (2020) reported on a man referred by probation services to a community specialist forensic clinical psychology service, although he was attending voluntarily and was no longer subject to licence conditions at the time of treatment. The studies found diverse trauma histories including a house fire, suicide, partner's miscarriage and childhood sexual abuse, with the participants presenting with conduct disorder, PTSD and trauma related cognitive distortions.

EMDR interventions varied significantly in intensity and duration, ranging from one session of EMDR treatment with follow-up monitoring (Kitchiner, 2000) to 32 sessions over 11 months (Wright and Warner, 2020) with most using a standard eight phase EMDR protocol. All five case studies reported positive outcomes, including resolution of traumatic memories, reduction in PTSD symptoms, improved behavioural control, enhanced treatment engagement, and development of victim empathy. Follow up periods ranged from three months (Kitchiner, 2000; Greenwald, 2000) up to three years (Wright and Warner, 2020) with most positive outcomes maintained over time. However, ten Hoor (2013) noted some decline in behavioural improvements at longer follow up (12 months). Overall, the authors reported that EMDR was associated with improvements either as a standalone intervention for trauma symptoms or as an adjunctive treatment to enhance engagement in cognitive-behavioural approaches within criminal justice settings. One case study reported an unplanned change in sexual arousal. Wright and Warner (2020) described EMDR delivered to a man with a history of childhood sexual abuse who had been convicted of sexual offences against children and had already completed cognitive behavioural offence-focused group work. The treatment targets were PTSD symptoms and distress linked to his own abuse. Sexual arousal to children was not a target for change. After treatment, most subscales on the Inventory of Altered Self-Capacities reduced from the clinically significant range to the normal range, and all Trauma Symptom Inventory 2 scores that were elevated before treatment reduced to the normal range. On completion, the client also reported a reduction in the frequency and strength of his sexual arousal to children, which he reported as maintained at a three year follow up. The arousal findings are self-report only. Arousal was not measured before or during treatment, and the information was gathered retrospectively after the client mentioned a change, a limitation the authors acknowledge.

Discussion

This review examined the evidence base for EMDR in criminal justice settings. EMDR was considered a relevant intervention for this context because it has consistently been found to be clinically effective for PTSD in other contexts (e.g., de Jongh et al., 2019), and because some preliminary evidence suggests it may be associated with lower treatment costs compared to other trauma-focused approaches (e.g. Simpson et al., 2025). Overall, the evidence base remains small, but the included empirical studies reported broadly positive findings, suggesting that EMDR could be well-tolerated and acceptable to participants in criminal justice settings. Bashir et al. (2023) reported that staff observed reduced infractions amongst treated individuals, raising the possibility of broader behavioural improvements, although this was not established using robust behavioural outcome data. This is consistent with broader work linking trauma to criminogenic risk factors (Fritzon et al., 2021). The qualitative evidence from Wright et al. (2024) adds important context to understanding how participants experience these changes, describing shifts in self-perception, enhanced emotional regulation and the development of healthy relationships that had previously been impaired by unresolved trauma.

These findings suggest that EMDR may be a feasible and potentially useful intervention for trauma-related symptoms in criminal justice settings, although the limited number of studies highlight the need for larger, more rigorous trials in specific criminal justice settings. This recommendation is in line with the conclusions of Malik et al. (2023).

Every-Palmer et al. (2024) provided particularly robust safety and acceptability data for individuals with severe mental illness within forensic and prison settings. Treatment acceptability was high, with 83% of participants completing therapy. Critically, no evidence of exacerbation of symptoms or adverse events were observed, with psychotic symptoms remaining stable throughout treatment. The authors concluded that EMDR may be safe and potentially effective for PTSD among people with psychotic disorders in forensic care, suggesting that EMDR may be feasible in justice involved populations with PTSD and comorbid severe mental illness. This is particularly important for the population of interest

as Emilian et al. (2025), in a recently conducted meta-analysis, suggested that at least one in seven people who are incarcerated have a severe mental health problem.

It is notable that the one study that focused exclusively on women (Colosetti & Thyer, 2000) also revealed the weakest findings, with EMDR demonstrating no clear benefit over relaxation training in a sample of female prisoners with PTSD following intimate partner violence. Whilst the very small sample and limited sessions make it difficult to make firm conclusions, this finding warrants attention. It raises questions about whether the evidence base, which is concentrated on male samples, many of whom have committed sexual offences against children, is generalisable to women in custody, or to men with different offending histories. The population of women in the CJS frequently presents with high rates of victimisation, complex trauma, and different treatment needs and pathways compared to male populations (Facer-Irwin et al., 2022). The absence of evidence for women in this review is not evidence of absence of effect, but it means that practitioners should not assume the broadly positive findings from male samples translate to female populations without further investigation.

Age warrants similar caution. Two of the included studies involved justice-involved young people: Soberman et al. (2002) evaluated EMDR with boys aged 10 to 16 in residential treatment, and Greenwald (2000) described case material with adolescents. EMDR has meta-analytic support for PTSD in children and adolescents in general clinical populations (Moreno- Alcázar et al., 2017), but within justice settings the evidence for young people rests on one small, controlled study and case reports. Developmental stage, placement instability and the residential context are likely to shape how EMDR is delivered and experiences. Findings from adult custodial samples should not be assumed to apply to young people in justice settings, and the same applies in reverse.

A related issue is the extent of psychiatric complexity across the included studies. Participants rarely presented with PTSD or trauma symptoms alone. Instead, trauma-related difficulties were commonly reported alongside substance use (Bashir et al., 2023), conduct problems, neurodevelopmental or learning difficulties (Soberman et al., 2002), severe mental illness, psychosis, or offence-related treatment needs (Every-Palmer et al., 2024).

This diagnostic complexity is likely to have implications for EMDR assessment, preparation, risk management and treatment completion, but the current evidence base provides limited guidance on how these factors could affect delivery in criminal justice settings. This represents an important area for future review and implementation research.

The setting where treatment was delivered also matters. Most included studies took place in custodial or residential institutions, where privacy, session continuity and psychological safety cannot be assumed. Kitchiner (2000) delivered treatment within the prison itself, and Bashir et al. (2023) relied on prison staff to administer screening measures, showing how much delivery depends on the institution's cooperation. Custodial environments can also be an ongoing source of threat and trauma reminders, which puts extra weight on the preparation and stabilisation phases of the standard protocol. These factors underpin the practice implications listed at the end of this paper.

The five case studies provide preliminary evidence for the therapeutic potential of EMDR across criminal justice contexts, including challenging custodial environments. They reported meaningful symptom reduction and functional improvement across a diverse population including young offenders, trauma exposed prisoners and individuals who were resistant to traditional treatment. While these case studies offer valuable insights, particularly regarding the potential effectiveness of EMDR as a standalone intervention and an adjunctive treatment, these findings are limited by the preliminary nature, highlighting the critical need for more rigorous studies of this population and setting to establish broader empirical support for EMDR implementation in CJS settings.

Of note is the emerging evidence regarding the potential role of EMDR for individuals who have sexually offended against children and who also report histories of childhood sexual abuse. Ricci et al. (2006), Ricci and Clayton (2008), Wright and Warner (2020) and Wright et al. (2024) focused on this population. Across these papers, findings included reduced deviant arousal in one quantitative study, alongside qualitative reports of increased victim empathy, improved treatment engagement, reduced sexual preoccupation, and shifts in how participants understood their own victimisation and offending behaviour (Ricci et al., 2006; Ricci & Clayton, 2008). Wright et al. (2024) further suggested that some participants

experienced fewer triggering thoughts in the presence of children, and changes in self-understanding following EMDR. The self-reported reduction in arousal described by Wright and Warner (2020) is consistent with the findings of Ricci et al. (2006), who measured arousal directly using penile plethysmography, although the Wright and Warner finding comes from a single case and retrospective self-report. However, these findings should be interpreted cautiously. The quantitative and qualitative Ricci papers used the same small sample, Wright et al. (2024) included five participants and Wright and Warner (2020) and Wright et al. (2024) appear to come from the same clinical service, so participant overlap between the two cannot be ruled out. No included study directly demonstrated a reduction in offending, and findings should therefore be interpreted as relevant to treatment engagement, trauma processing and risk formulation rather than evidence of reduced recidivism.

The diversity of the reviewed evidence base was limited and uneven. Although the included studies covered a range of settings, participant representation was narrow in several important aspects. Many samples were small and highly specific, with some studies focusing exclusively on white participants or on men who had sexually offended against children, limiting the wider application of findings. One study included women in prison, and one focused on boys in residential/day treatment, but these were represented by very small samples. Overall, the literature is concentrated in a limited set of populations, with insufficient evidence regarding women, racially minoritised groups, different offence groups, and broader community justice populations. Future studies should report ethnicity, gender, offence type, legal status and setting more consistently.

None of the included studies reported military veterans in their samples, and no peer-reviewed study of EMDR with veterans in criminal justice settings was identified. This gap deserves attention. Combat-related trauma is a distinct clinical area with its own evidence base, and in Britain the NICE recommendations for EMDR cover non-combat-related trauma only (NICE, 2018), leaving uncertainty about provision for veterans. Practice-based work is beginning to appear: a recent case study described EMDR with two imprisoned veterans with combat-related trauma (Greenall and Adams, 2025) but overall veterans in custody appears to remain an under-researched group.

Strengths and limitations

This is the first review to examine the applications of EMDR therapy within criminal justice settings, addressing a critical gap in the literature. It provides a structured narrative synthesis of available research and practice, drawing together evidence from varied populations, including adult prisoners with dual diagnoses and justice-involved young people with behavioural difficulties in a residential setting. The inclusion of both quantitative and qualitative study evidence allowed a broad mapping of the field, although the reliance on small and uncontrolled case studies limits the strength of conclusions.

While the review aimed to examine EMDR across the wider criminal justice system, the available evidence was concentrated in a limited range of custodial, residential, forensic, probation/parole, and community forensic settings, with little or no evidence from courts, police custody, liaison and diversion, or routine community justice pathways. This represents a critical evidence gap, as most individuals in contact with the CJS are in community-based settings, for example, under probation supervision. Implementing EMDR may come with different challenges and opportunities based on the setting in which it is being delivered. The small number of included studies, with some small sample sizes, and the large proportion of single case studies, severely limits the strength of conclusions that can be drawn. Several studies had particularly small sample sizes raising questions about statistical power and generalisability. Due to the nature of the available evidence, we relied on a narrative synthesis of the extracted data. Nevertheless, the breadth of coverage within the current scoping review offers a broad overview of practice and emerging research in this area (Peters et al., 2021). Furthermore, Ricci et al. (2006) and Ricci and Clayton (2008) using the same participants means that the findings from this population are based on a single cohort of 10 men, limiting the independence of evidence in this important area. In addition, the type of trauma treated varied across the included studies, and the small number of studies meant that no analysis by trauma category was possible. The review therefore cannot say whether EMDR performs differently for particular trauma types, such as combat-related trauma, within criminal justice settings.

Conclusion

This scoping review, to the best of the authors' knowledge, provides the first map of the evidence base for EMDR across criminal justice settings. The findings indicate that EMDR has been delivered across a range of custodial, community justice and forensic contexts, and that the majority of included studies reported broadly positive outcomes in terms of PTSD symptom reduction, treatment engagement and, in some cases, changes in offence-related cognitions and arousal. The evidence base however is small, methodologically heterogeneous, and concentrated in a limited range of populations, primarily adult males, many with histories of childhood sexual abuse and convictions for sexual offences against children. This limits the generalisability of current findings to women, racially minoritised groups, individuals with different offending histories, and those in contact with community justice services such as probation.

Several priorities for future research emerged from this review. Controlled trials of EMDR in custodial and community justice settings are needed, with pre-registered protocols and standardised outcome reporting. Future studies should report demographic variables, including gender, ethnicity, offence type and legal status consistently. Research specifically examining EMDR with women in the CJS, and with individuals presenting with comorbid psychosis, substance use or neurodevelopmental conditions, would address significant gaps in the current literature.

Practitioners working in criminal justice settings should be aware that while the existing evidence is broadly encouraging, it does not yet support claims about EMDR's effectiveness across the full range of CJS populations. It also does not establish an effect on reoffending. Careful clinical formulation, appropriate protocol adaptation, and sustained attention to the environmental and practical constraints of justice settings are essential if EMDR is to be implemented responsibly in this context.

Implications for practice:

- Adequate preparation and stabilisation before trauma processing is likely to be especially important in custodial settings, where the environment itself may

undermine psychological safety and where disruptions such as cell moves, adjudications or changes in legal status can interrupt treatment.

- Session continuity is a practical challenge specific to custodial settings. Treatment planning should include contingency arrangements for continuity of care across its sites or back into the community, given the risk of transfers, release on licence or changes in security category.
- Practitioners should be cautious about framing the potential benefits of EMDR in terms of reduced offending risk. The current evidence supports improved trauma symptom management and, in some cases, changes in treatment engagement and offence-related cognitions, but no included study demonstrated a direct reduction in reoffending.
- Thorough risk and clinical formulation should precede EMDR, with particular attention to comorbid psychosis, substance use and neurodevelopmental presentations, each of which may require adaptation of the protocol or additional clinical support.
- The evidence base is concentrated in male samples. The only study of women in prison reported the weakest findings, and practitioners should not assume that broadly positive results from male samples transfer to women in custody whose trauma profiles, needs and pathways often differ.
- Evidence for justice-involved young people is minimal. Delivery with under 18s should take account of developmental stage and placement instability and should not rely on findings from adult samples.

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