

Trauma and Loss During Reentry

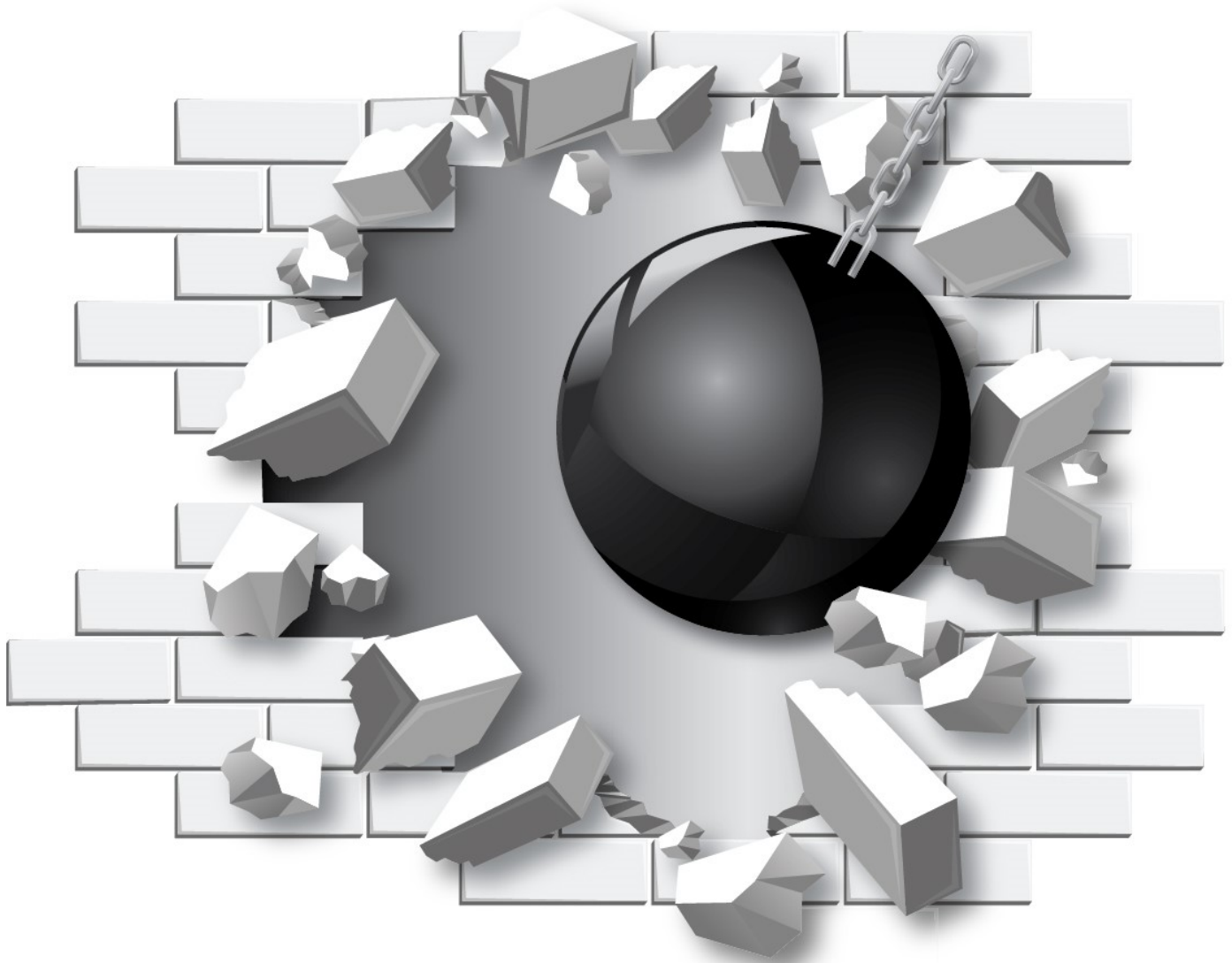
EARLY FINDINGS FROM A MULTI-STATE TRIAL

MAY 2020

Prepared by: Carrie Pettus-Davis, PhD, MSW

Tanya Renn, PhD, MSSW, MPH

Stephanie Kennedy, PhD, MSW



INSTITUTE FOR JUSTICE
RESEARCH AND DEVELOPMENT

Table of Contents

Overview of this Report	3
About the Authors	4
Key Takeaways	5
Trauma and Resource Loss During Reentry	6
Common Trauma Reactions Among the General Public	7
How Data Were Collected	8
Experiences of Trauma After Release from Incarceration	9
Participants’ Descriptions of Traumatic Events	10
Losing Critical Resources During Reentry	16
Summary	19
A note about COVID-19	20

Overview of this Report

This report presents data about the extremely stressful life events experienced by study participants in the 8 months after they left incarceration and returned home. These stressful life events included losing a loved one to homicide, having been violently assaulted, witnessing violence and death in the home or community, finding out about the death or serious injury of a loved one, being diagnosed with a life-threatening illness, and losing critical resources like housing, employment, income, transportation, and social support.

Although experiences of trauma that occur prior to or during incarceration are relatively well explored among justice-involved individuals, little is known about the traumatic events individuals experience after leaving incarceration and returning home. This report responds to this gap in the research. We suspect that trauma experienced during reentry complicates the reentry process and add layers of psychological distress and mental health challenges to an individual's transition home.

This report also examines the loss of tangible and intangible resources during reentry. In previous reports, we described how many individuals leaving incarceration are able to secure employment, housing, and other resources rather quickly upon release. However, by 8 months post-release, these resources have dwindled for many individuals.

We explore experiences of trauma and resource loss together to document how many individuals leaving prison must process and overcome extraordinary life events and profound grief while simultaneously managing the deterioration of the tangible resources that would help them to cope with reentry.

Our interpretation of these data are that trauma and resource loss are not uncommon for those who have experienced incarceration, making reentry far more complicated than previously documented in existing research. The reality of trauma and resource loss faced by individuals during reentry should be part of conversations about the circumstances under which individuals are trying to function during reentry. That is because society places high expectations on individuals during the reentry period. Many formerly incarcerated individuals must also meet the demands of correctional stakeholders, any community-based service providers, and their own families. Exploring trauma and loss during reentry suggests that current expectations may not be feasible for individuals to meet, which may ultimately result in their return to incarceration.

Findings presented in this quarterly report suggest that corrections and reentry stakeholders may need to reconsider the nature of pre- and post-release reentry supports as current approaches do little to address or respond to trauma and loss.

This is the seventh quarterly report which describes the inner workings and early discoveries of participants and researchers in a national groundbreaking longitudinal study officially titled *A Multisite Randomized Controlled Trial of the 5-Key Model for Reentry*. Phase 1 of the study is underway in 12 urban and rural counties across four states – Florida, Kentucky, Pennsylvania, and Texas. Phase 2 of the study began in August 2019 in Indiana, Ohio, and South Carolina.

About the Authors

The report was prepared by:

- Dr. Carrie Pettus-Davis, Associate Professor at the Florida State University (FSU) and Founding Executive Director of the Institute for Justice Research and Development (IJRD), and Principal Researcher of the 5-Key Model trial
- Dr. Tanya Renn, Assistant Professor at FSU and Assistant Director of IJRD, and 5-Key Model Co-Investigator
- Dr. Stephanie Kennedy, the Director of Research Dissemination at IJRD.

IJRD is a research center housed within the College of Social Work at FSU. Our mission is to advance science, practice, and policy to improve the well-being of individuals, families, and communities impacted by criminal justice system involvement. IJRD specializes in conducting rigorous real-world research using randomized controlled trials and prioritizes rapid dissemination of research findings to advocates, professionals, and policymakers.

IJRD [team members](#) reside in communities across the nation and are currently implementing the 5-Key Model for Reentry research, as well as research on other pressing issues relevant to criminal justice and smart decarceration strategies. You can learn more the overall 5-Key Model study methodology [here](#), how the 5-Key Model was developed [here](#), and the broader work of IJRD at ijrd.csw.fsu.edu.

You can access our six previous reports – including one page summaries of each report – [here](#).

Key Takeaways

- Relatively little is known about experiences of trauma which occur after incarcerated adults leave correctional facilities and return home.
- Experiences of trauma are disruptive for many people, even those who have not experienced incarceration. Trauma symptoms include psychological distress, anxiety, depression, fear, paranoia, mistrust of other people, impulsivity, aggression, relationship problems, hyper-reactivity, and misinterpretation of social cues based on the lingering impact of the traumatic event.
- 47% of study participants experienced at least one traumatic event in the 8 months after their release from incarceration. Traumatic events included directly experiencing or witnessing violence or death, learning of the serious injury or death of a loved one, and suffering a life-threatening illness or injury.
- Of those who did experience trauma, 1 in 5 lost a loved one to homicide, nearly 25% were violently assaulted, 31% witnessed a serious injury or death, 31% were diagnosed with a life-threatening illness or sustained a serious injury, and 60% learned of the serious injury or death of a loved one.
- Study participants also lost critical resources including employment, income, transportation, housing, their own health and the health of their loved ones, medical insurance, social support from family and friends, and community engagement.
- Experiences of trauma and resource loss – and the trauma symptoms and destabilization which may follow – have the potential to disrupt reentry success and complicate a time in an individual’s life that is often already characterized by instability and chaos.
- Larger conversations are needed to examine the circumstances under which individuals are trying to function during reentry, and the nature of reentry preparation and supports given to individuals during incarceration and after release.
- Due to the rapid spread of COVID-19 across the nation, our face-to-face work with participants paused on March 16, 2020 in prisons and communities. Since that time, we have been delivering the 5-Key Model and conducting interviews via telephone and web-based streaming services. You can learn about how we are generating knowledge, expanding practices, and improving outcomes during this time [here](#).
- With the goal of informing future correctional practices during the outbreak of a disease, we are actively collecting data from study participants on their experience of COVID-19, whether they remained incarcerated during this time, released from prison during the outbreak, or had been released to the community prior to the spread of the disease.



Trauma and Resource Loss

During Reentry

Incarcerated individuals report high rates of trauma across the life span. However, while incarcerated men and women report similarly high rates of trauma, they experience different types of traumatic events at different points in their lives.

For example, in [studies that explore differences in trauma between men and women](#), incarcerated men are more likely to report witnessing extreme harm to others in childhood and adolescence and being victims of physical assault in adolescence when compared to incarcerated women. Incarcerated women, on the other hand, are more likely to report sexual violence as children, youth, and adults than incarcerated men.

Research shows that [up to 99% of incarcerated men report at least one traumatic experience prior to incarceration](#). Further, our work indicates that [incarcerated men often experience community violence as children; by the time they as adolescents, their trauma exposure is near universal](#) – most often in the form of witnessing the violent deaths of their loved ones. However, incarcerated men also experience direct physical violence at alarming rates. For example, in a large study of men incarcerated in a high-security prison, [half had been violently assaulted and 96% had been the victims of other violence in their lifetimes](#).

Trauma exposure is also nearly universal among incarcerated women, with incarcerated women reporting [much higher rates of sexual abuse and assault in childhood, adolescence, and adulthood](#) when compared to [incarcerated men](#) and [women who have never been incarcerated](#).

Traumatic experiences continue for many incarcerated men and women during their custody. In one study, nearly [40% of incarcerated men and women reported having experienced physical or sexual violence](#) perpetrated by either another incarcerated individual or a correctional staff member in the previous 6 months.

Little is known, however, about experiences of trauma which occur after incarcerated men and women leave prison and return home. We were only able to identify one study that examined experiences of direct or witnessed traumatic violence among formerly incarcerated individuals. The study used a sample of [123 men who had released from prison \(on average\) 2.5 years prior to the interview](#). The formerly incarcerated men were asked how many times they had experienced a traumatic event like seeing someone get stabbed or having a gun pulled on them. The men responded on a scale where 0 meant ‘no, never’ and 3 meant ‘yes, many times.’ Results showed that men experienced an average of 1.3 traumatic experiences after incarceration, suggesting that they had experienced multiple traumatic events since coming home.

In addition to experiences of trauma, formerly incarcerated individuals also lose critical resources during the reentry period – often with significant consequences. [Losing employment or stable housing may lead to re-arrest](#) for violating the terms of release. Becoming homeless also [increases risk for traumatic victimization](#) and there is substantial overlap between groups of individuals who have experienced both incarceration and homelessness.

In addition to tangible losses like employment, housing, and transportation, individuals also lose social support and other intangible resources as they leave prison and return home. Our research suggests that formerly incarcerated individuals are [heavily dependent on their families for support](#) as they leave incarceration and return home. Our work also shows that [social support decreases significantly by 6 months post-release and continues to decline](#), especially when individuals are re-incarcerated. Social support is especially complex for [formerly incarcerated individuals who have experienced traumatic events](#).

Common Trauma Reactions Among the General Public

Experiences of trauma can be disruptive for many people, even those who have never experienced incarceration. We briefly review how individuals in the general public may react to trauma, as this research base does not yet exist for formerly incarcerated individuals. What we do know is that trauma is a near universal experience for incarcerated individuals and experiences of psychological distress during reentry are common. However, the impact of reactions associated with traumatic events during reentry and how those trauma reactions influence how people do after release is less clear. This report is a first step in filling that gap in knowledge.

People who experience [trauma or traumatic stress](#) may experience a range of mental health issues, including post-traumatic stress disorder (PTSD) – [a mental health condition characterized by flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event](#) – and depression.

Experiences of trauma symptoms, however, are far more common than diagnosable mental disorders like PTSD. Trauma symptoms include psychological distress, anxiety, depression, fear, paranoia, mistrust of other people, impulsivity, aggression, relationship problems, hyper-reactivity, and misinterpretation of social cues based on the lingering impact of the traumatic event. Left untreated, these trauma symptoms can be especially disruptive on a person's daily functioning and social life.

The unexpected death of a loved one is the [most commonly reported traumatic experience in community surveys conducted across the world](#). This experience is also commonly associated with [psychological distress](#) as well as [depression, suicidality, and substance use issues](#).

The experience of trauma symptoms like depression, anxiety, hyper-reactivity, and insomnia are amplified for those who lose a loved one to [homicide](#), who [witness violent death](#), or who [find the deceased](#). These symptoms have the potential to destabilize individual functioning and negatively impact one's life.

When individuals experience violent assault, they may develop trauma symptoms including [fear, hyper-reactivity, and aggression](#) or they may engage in [substance use and risky behaviors](#). When the perpetrator of violence is an intimate partner, individuals may experience [depression and anxiety symptoms, or symptoms consistent with PTSD](#). For some the fear and paranoia they are left with after a violent assault may still be present [6 months later](#), suggesting the lasting impact of the assault on their daily lives and functioning.

In addition to losing a loved one suddenly, losing a loved one to homicide, and being violently assaulted, individuals who are diagnosed with a life-threatening illness or a debilitating injury may also experience trauma symptoms. Individuals must physically adapt to their condition experience while also managing [psychological distress](#) and the [social and financial toll](#) of the illness or injury for themselves and their families.

Of course, not every individual who experiences a traumatic event will have trauma symptoms, but trauma symptoms may be highly disruptive for those who do. However, when individuals experience trauma symptoms during the reentry period, a time often characterized by instability and chaos, then their ability to function and achieve reentry success may be jeopardized.

How Data Were Collected

The data described in this report were collected directly from all study participants during interviews conducted with them after they released from incarceration. We present data drawn from two standardized scales – the [Trauma History Questionnaire](#) and the [Conservation of Resources Evaluation](#) – to provide context on the scope and breadth of the traumatic events and resource loss experienced by participants after they released from incarceration and returned home.

We collect data from study participants at multiple time points after they leave incarceration and return home. Our first interview with study participants occurs 48 hours to three weeks after their release, then we interview them again approximately 4 months and 8 months post-release. The current analysis is based on responses from 676 individuals across these three time points.

Below, we report the percentage of study participants who experienced a traumatic event paired with descriptions of what happened in their own words. We also report the percentage of participants who experienced the loss of a critical resource needed for them to succeed during the reentry period. We explore experiences of trauma and resource loss together to demonstrate how many individuals leaving prison must process and overcome extraordinary life events and profound grief while simultaneously managing the loss of the very resources needed to accomplish those tasks.

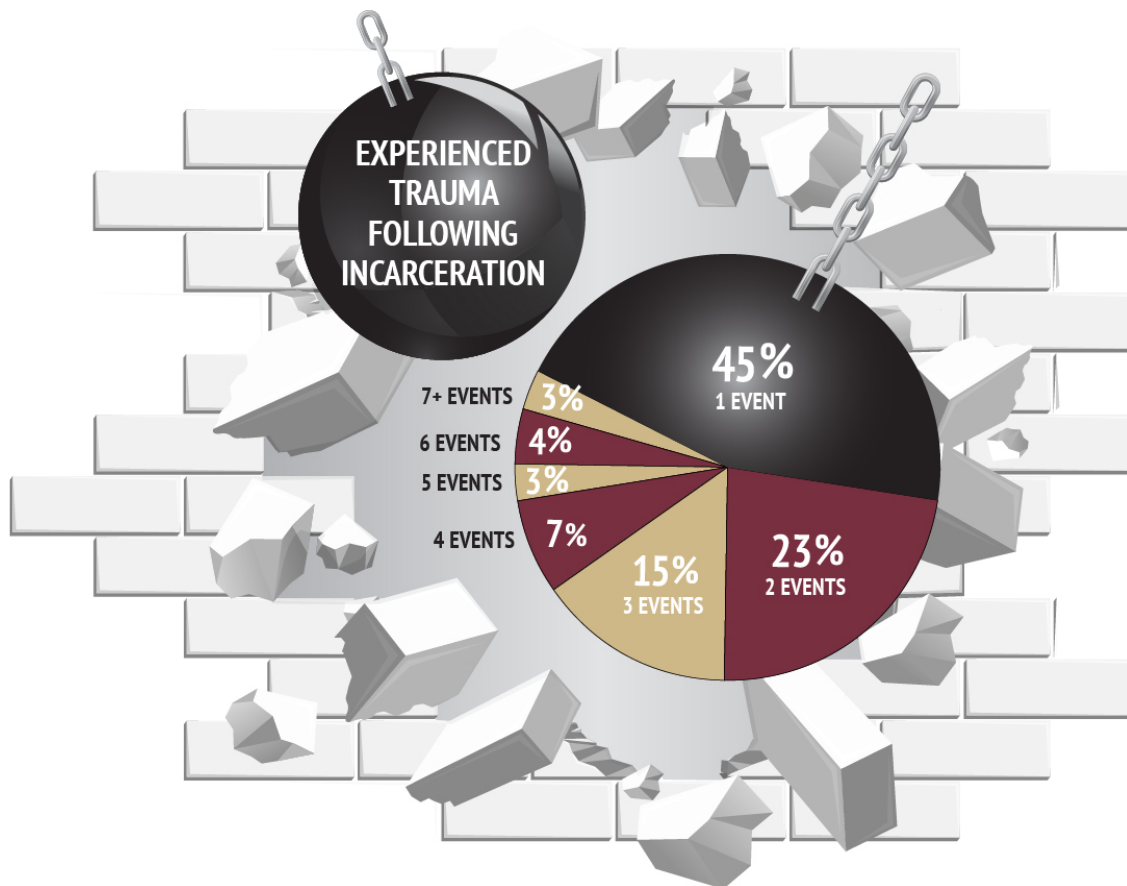
The **Trauma History Questionnaire** has 24 yes/no questions which ask about directly experienced and witnessed traumatic events including burglary, robbery, physical and sexual assault, being diagnosed with a life-threatening illness, experiencing a serious injury, losing a loved one to homicide, witnessing serious injury or death, and learning about the serious injury or death of a loved one, among others. If a participant says that they have experienced the event in question since the previous interview, then they are asked to describe what happened.

The **Conservation of Resources Evaluation** asks whether participants have experienced the actual loss of 49 different resources since the last interview using a yes/no response scale. The scale explores whether participants have lost tangible resources like transportation or housing as well as more intangible resources like social support (“*Have you lost intimacy with a spouse or partner?*” and “*Have you lost support from coworkers?*” and “*Have you lost family stability?*”) and community engagement (“*Have you lost involvement with your church, synagogue, or place of worship?*” and “*Have you lost involvement in organization with others who have similar interests?*”)

Experiences of Trauma After Release from Incarceration

47% of our participants experienced at least one traumatic event in the 8 months after their release from incarceration.

Here is a breakdown of how many traumatic events those individuals experienced.



Of the study participants who experienced a traumatic event, **68%** experienced one or two traumatic events.

The remaining **32%** of participants experienced between 3 and 10 traumatic events.

Participants' Descriptions of Traumatic Events

Below, we present a sample of study participants' descriptions of the trauma they experienced in the 8 months following their release from incarceration. We collected nearly a thousand quotes from study participants detailing their experiences across the three post-release interviews.

In order to analyze the data for this report, we synthesized responses to each question to ensure that we were adequately and comprehensively representing the range of descriptions given by study participants. Ultimately, we used two primary strategies to select the quotes featured in this report.

- Many participants had similar responses to some questions, so we consolidated responses to make the data more digestible for readers. For example, when we asked study participants which loved one they had lost to homicide, 34 participants simply replied "a friend." To display the large amount of data visually, however, the response "friend" is only listed one time in the visualizations below. Other participants told us about the loss of a cousin, aunt, uncle, grandparent, or some other loved one to homicide. To display these data, we chose to list each of the different "type" of loved one (parent, partner, child, extended family member, and friend) to show the breadth and scope of the losses.
- Responses to other questions, however, were extremely varied. For example, study participants gave hundreds of different responses when asked whether they had received news of the unexpected death or life-threatening injury or illness of a loved one. To analyze these data, participant responses were read multiple times and then grouped together in larger thematic categories to facilitate synthesis. Exemplar quotes were chosen to highlight the range of responses about both the "type" of loved one and the actual event described (illness, injury, location, and whether the individual died).

In both cases, the quote presented in the visualization often represents multiple responses given by study participants across the three post-release interviews.



18% HAD A LOVED ONE DIE BY HOMICIDE

“My

- auntie
- best friend
- brother
- homeboy
- friend
- uncle
- grandpa
- nephew
- girlfriend’s
- gramma

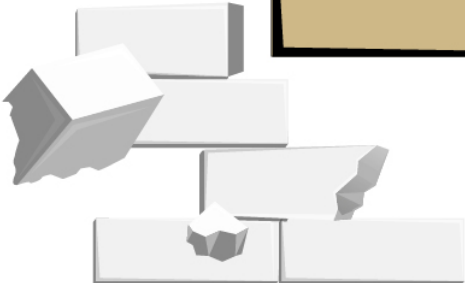
was shot and killed”



“remains found last week burned and dismembered”

“shot in broad daylight”

“beaten and murdered”



“shot in the head”



23% WERE VIOLENTLY ASSAULTED

**“ I was
attacked by**

my brother
my wife
a friend & his gang
guys on the street
my girlfriend ”
a stranger
my cousin
my boyfriend
my sister
neighbors
a friend with a knife
two guys with a gun
my babymama



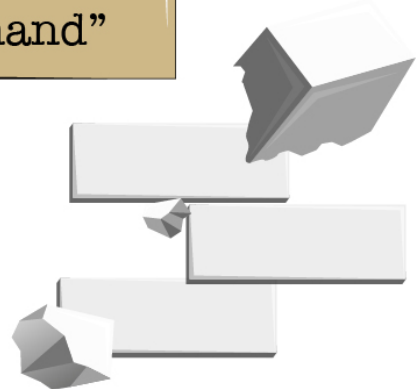
“he came after me
with a machete”

“I got 6 stitches in
my face, 4 in my neck”

“my sister pulled
a gun on me”

“stranger shot me
in my hand”

“my girlfriend kicked
me in the head”





60% RECEIVED NEWS OF INJURY OR DEATH OF A LOVED ONE

“ I found out my

mom has stage 4 kidney disease

11-year-old was hit by a car

uncle has cancer

grandpa is in hospice ”

friend got stabbed

wife won't make it

friend overdosed

cousin has brain cancer

granny died

friend died from meningitis

ex died last week

mom had a brain tumor removed

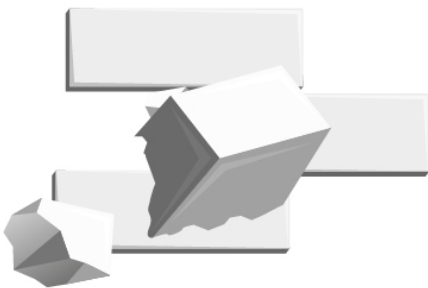
cousin died in a fire

best friend's cancer came back

friend died on his motorcycle

girlfriend had a miscarriage

niece needed emergency surgery



“I can't believe he overdosed”

“they found him in his room”

“the treatment didn't work”

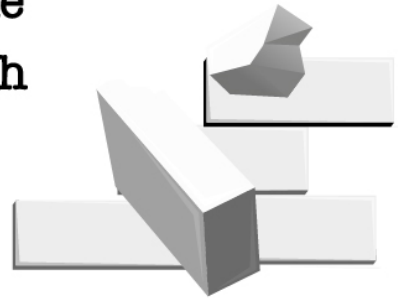
“they said it's just a matter of time”



31% WITNESSED SERIOUS INJURY OR DEATH

“ I saw

my nephew get shot
my mom have a heart attack & die
friends overdosing
shootings in my neighborhood ”
pedestrian hit by a car
my brother-in-law get murdered
people stabbed
a girl get beat with a bat
my dad have a stroke
a friend shot to death
drive-by shooting
people get jumped
fatal car accident



“she had a heart attack and died right there”

“it’s a way of life”

“they came to our BBQ and just started shooting”

“he went right through the windshield”



31% EXPERIENCED A SERIOUS HEALTH INCIDENT

“ I was diagnosed with

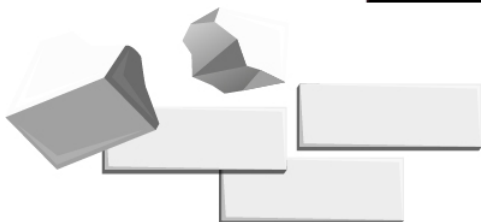
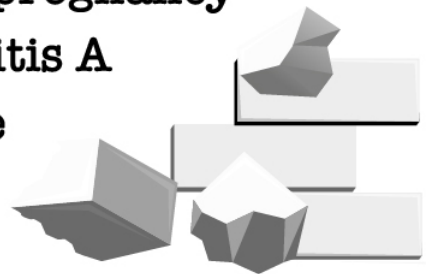
- prostate cancer
- hepatitis C
- seizure disorder
- brain cancer
- Crohn’s disease
- blood clots
- thyroid cancer
- Graves disease
- pancreatitis
- heart attack
- pleural effusion
- spinal cord injury
- tubal pregnancy
- hepatitis A
- stroke



“hospitalized for 3 weeks”

“starting treatment next week”

“cancer came back”

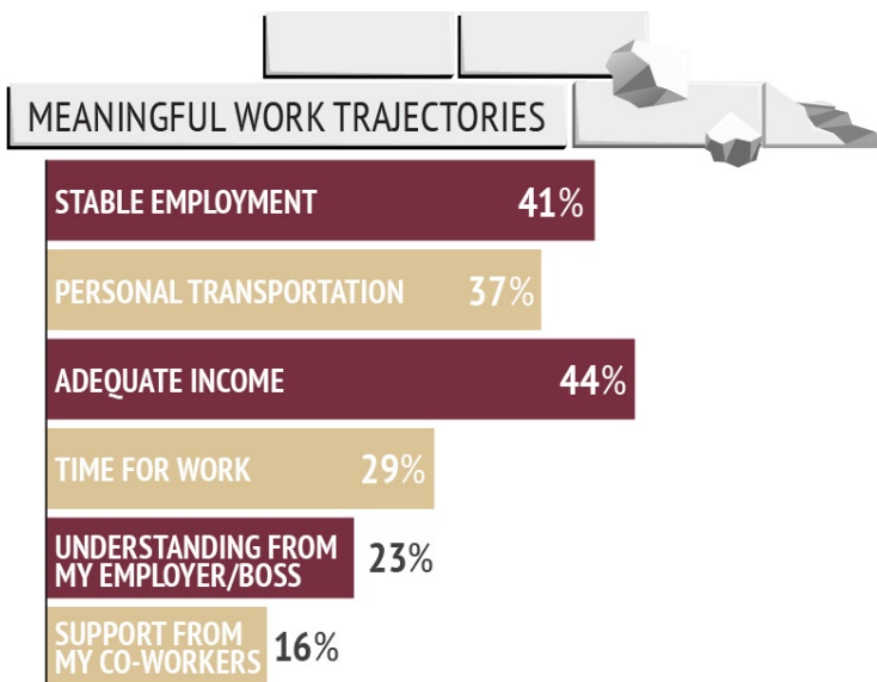


Losing Critical Resources During Reentry

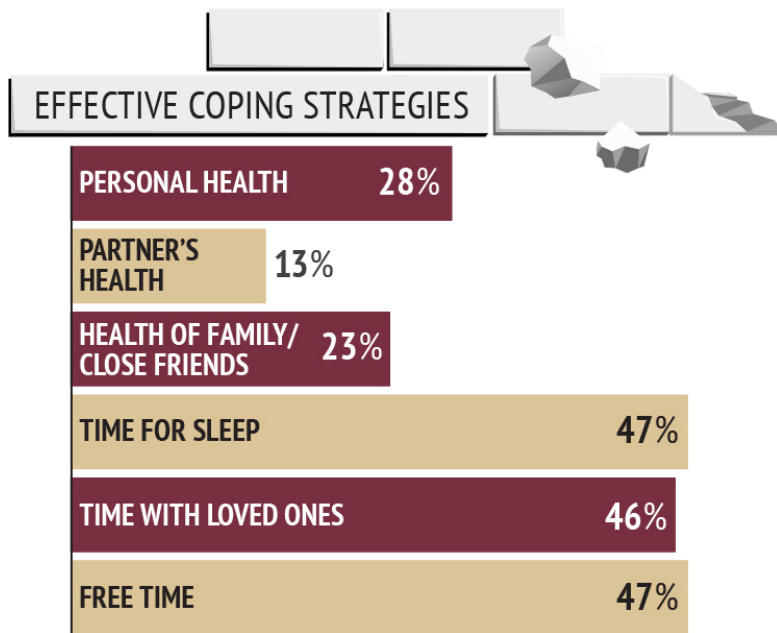
We ask study participants about tangible and intangible resources that they may have lost during their reentry process. These include employment, income, transportation, housing, their own health or the health of a loved one, social support, inclusion, and community engagement. We paired data on resource losses with the experience of traumatic events presented above to show how trauma and loss may impact study participants' ability to achieve community stability and excel during the reentry period. The types of services many individuals receive before and after they leave incarceration and return home are not designed to address experiences of trauma and loss.



Below we have grouped the resources lost by study participants using the 5 Keys of the 5-Key Model: Meaningful Work Trajectories, Effective Coping Strategies, Positive Interpersonal Relationships, Positive Social Engagement, and Healthy Thinking Patterns. We hypothesize that the resources listed under each key constrains an individual's ability to make progress on that key and develop overall well-being.



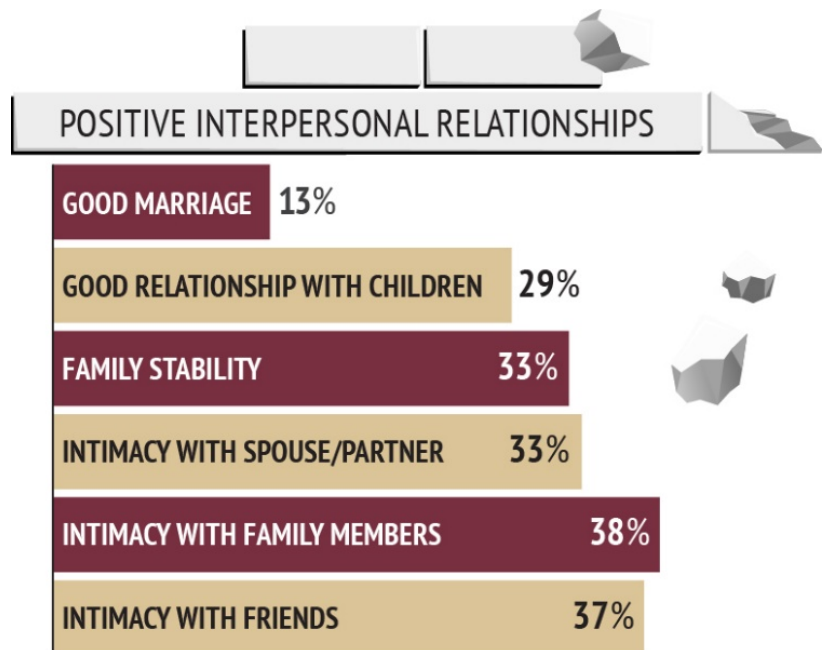
Individuals leaving prison often report that finding a job is their main priority when they come home. Our prior reports show that many can and do quickly obtain employment, income, and transportation soon after release from prison. However, by 8 months post-release, more than 40% have lost at least one job or the income needed to support themselves and their families. More than a third lost transportation. Participants also reported losing less tangible resources like understanding and support from their employer and coworkers.



Effective Coping Strategies allow individuals to reduce or manage stress in ways that are not harmful in the short-or long-term. However, having one's own health – or the health of a loved one – compromised by serious or chronic illness tests an individual's ability to cope. Likewise, having time to rest, connect with loved ones, and pursue activities which bring pleasure and meaning to life help individuals to recharge and identify solutions to the problems they face. By 8 months post-release, however, nearly 30% of study participants said that their own health had been compromised; many others worried for the health of their

partner or other loved ones. Additionally, nearly half of the study participants told us that they had had lost critical time needed for sleep, connecting with loved ones, and resting, all of which likely make it harder to focus on coping without misusing substances or engaging in other unsafe and unhealthy behaviors.

Interpersonal relationships are a foundational piece of the reentry experience. We all benefit from having a sense of stability in our families and having good relationships with our partners and children. Individuals also need to experience feelings of intimacy – the feeling that one can freely share their thoughts and feelings without fear of judgment – to truly thrive. While we know that most individuals leaving prison are highly dependent on their families for housing, income, and social support, by 8 months post-release a third of our study participants had lost their good relationships with their children and the stability of their families. More than a third had also lost that intimate connection with partners, family, and friends, suggesting that they were experiencing some measure of isolation as they navigated through their reentry process.



POSITIVE SOCIAL ENGAGEMENT

ROLE AS A LEADER 27%

INVOLVEMENT IN GROUPS WITH OTHERS 13%

INVOLVEMENT WITH CHURCH 16%

PEOPLE I CAN LEARN FROM 27%

Many individuals are eager to participate in their communities and community-level social engagement is associated with reentry success. Individuals who feel valued in their communities and who are actively engaged with others who promote their growth and leadership have additional sources of social support, which has been shown to help lessen the negative effects of trauma and promote well-being. Individuals

leaving incarceration sometimes find it difficult to engage in their community or connect with others due to stigmatizing attitudes that community members may hold toward individuals who have experienced incarceration or to policies which explicitly prohibit the participation of individuals with criminal records. By 8 months post-release, more than a quarter of our study participants felt that they had lost their roles as community leaders but also as mentees of others who could help them navigate their challenges. Their involvement with their church or other community groups was also lost.

Healthy Thinking Patterns may be crucial to the development of well-being among individuals leaving incarceration as the process of incarceration is isolating, frightening, and often dehumanizing. During reentry, individuals must re-learn how to make decisions and strengthen problem-solving and communication skills while thinking about and caring

for others. We include the loss of housing, food, and medical insurance under the healthy thinking patterns key, because one's safety and survival are prerequisite to both developing and maintaining healthy thinking patterns. Homelessness and food insecurity alter an individual's goals from achieving reentry success to ensuring survival. Likewise, losing health insurance means that individuals may not be able to access preventive or acute health services, fill prescribed medications, or engage emergency care, leading to a worsening of their overall health. Almost 30% of study participants lost housing in the 8 months post-release, a quarter lost their health insurance, and 24% were experiencing food insecurity.

HEALTHY THINKING PATTERNS

HOUSING THAT SUITS MY NEEDS 29%

ADEQUATE FOOD 24%

MEDICAL INSURANCE 26%

Summary

During reentry, individuals must quickly achieve tangible goals like securing employment and stable housing to ensure success. Some must also meet with their probation or parole officer, complete required mental health or substance use disorder treatment programs, attend court hearings, and pay fines and fees. Nearly all individuals leaving prison have experienced trauma at some point in their lives and some will leave incarceration experiencing trauma symptoms which affect their physical and mental health and influence how they perceive the people with whom they interact.

A first of its kind, this report makes clear, however, that their experiences of trauma and resource loss continue as they leave incarceration and return home. During the 8 months after release from prison, our study participants lost loved ones to both natural causes and homicide. Some participants witnessed these deaths first-hand. They and their loved ones were violently attacked. Weapons were drawn on them and they heard gunfire in their neighborhoods. Study participants were also diagnosed with serious and life-threatening illnesses and sustained injuries at work and in the community, which disrupted their ability to live and work.

One participant described the “mental anguish” of reentry; others expressed resignation over the seemingly endless trauma and loss in their lives – one participant said, “Trauma’s just a way of life here.”

In addition to experiences of trauma, study participants also lost critical resources needed for reentry success. They lost employment, transportation, income, and housing. Their own health faltered, and they worried for the health of their loved ones. They became homeless and worried where they might be able to find their next meal. Our study participants’ social support networks deteriorated around them and they found themselves isolated and alone.

We hypothesize that the combination of experiences of trauma and the loss of resources will destabilize study participants’ efforts to achieve community stability and reentry success.

Our data show that while many individuals may have been able to initially secure employment and housing, rely on the support of their families and loved ones, and meet their post-release supervision requirements – by 8 months post-release they are also trying to navigate extremely stressful life events without the very resources needed for them to be able to succeed.

The reality of trauma and resource loss faced by individuals during reentry is often not met in the types of supports given to individuals who are leaving incarceration and returning home. Although individuals leaving incarceration are held to high expectations by members of the general public, correctional stakeholders, community-based service providers, and their own families, meeting these expectations may not be feasible in the short term. Unfortunately, failing to meet the demands placed on them may keep individuals stuck in a cycle of incarceration, release, and re-incarceration.

A note about COVID-19

At IJRD, we have identified adaptations and innovations to implement in the 5-Key Model research study in order to respond to the rapid spread of COVID-19 across the nation.

Our face-to-face work with participants paused on March 16, 2020 in prisons and communities. We have still been delivering the 5-Key Model and conducting interviews via telephone and web-based streaming services. You can learn about how we are generating knowledge, expanding practices, and improving outcomes during this time [here](#).

When this pause began, we were in our T4 interview window (roughly 15 months after release from incarceration) with participants in Phase 1 of the study: Florida, Kentucky, Pennsylvania, and Texas. As of March 16, approximately 18% of our study participants were in the T4 interview window and had not yet completed a final interview. It will be a challenge to assess many of the outcomes of our study 15 months out because they are based on social integration and employment – all facets of well-being which have been impacted for most people, regardless of whether or not they have experienced incarceration. Additionally, changes in correctional practices during this time may impact recidivism results that occurred during the COVID-19 restrictions time period. However, given the wealth of data that we have collected from participants and corrections stakeholders, we will still be able to assess many critical outcomes and results of Phase 1 of the study.

In our Phase 2 states – Indiana, Ohio, and South Carolina – we were actively recruiting participants from prison to join the study and delivering the 5-Key Model to them prior to their release and after they returned home in the community. Our goal for Phase 2 is to approach 1,900 individuals to recruit them as potential study participants. When correctional facilities shut down and we paused in-prison recruitment on March 16, we had met 60% of this goal.

Since that time, 190 individuals were released from prison in our Phase 2 states. We have conducted research interviews with 40% of those individuals already and have conducted more than 200 5-Key Model intervention sessions with participants virtually via phone and web-based video streaming services.

We are working closely with our [National Scientific Advisory Committee](#) to identify strategies for mitigating the impact of COVID-19 on our study results. You can learn more about the committee's preliminary suggestions [here](#).

In addition, with the goal of informing future correctional practices during the outbreak of a disease, we are actively collecting data from all our study participants on their experience of COVID-19, whether they remained incarcerated during this time, were released during the outbreak, or had been released to the community prior to the spread of the disease.