

When Death Follows Release

EARLY FINDINGS FROM A MULTI-STATE TRIAL

NOVEMBER 2019

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INSTITUTE FOR JUSTICE
RESEARCH AND DEVELOPMENT

Table of Contents

Overview of this Report	3
About the Authors	4
Death among Formerly Incarcerated Adults	5
Our Deceased Participants	6
Reflections	7
Key Takeaways	8
Composite Cases	9
Summer	10
Kevin.....	12
Gabriel.....	14
George	16
Hannah.....	18
Aaron	20

Overview of this Report

This report highlights the reentry period - leaving incarceration and returning home - as the highest risk time for death in a formerly incarcerated individuals' life. The purpose of this report is to explore the deaths that occur during the reentry period from several different vantage points.

First, we detail what is known about the risk and causes of death for formerly incarcerated individuals from the scholarly literature.

Then, we describe the 11 study participants who died in the community after their release from incarceration.

Finally, we present composite cases of 6 individuals which represent typical life experiences of those individuals who die after leaving prison. While none of these composite cases detail the experiences of any one individual, they are reflective of the experiences of formerly incarcerated individuals in our study more broadly.

We created the composite cases by compiling each individuals' data - collected directly from them in interviews by our researchers - and also by searching media sources. We learned about participants' experiences of trauma throughout their lives. We examined how they rated their own physical health and whether they had ever experienced any mental health and substance use disorder symptoms. We learned about their attempts to access community-based health and treatment services. We explored the depth and breadth of their social support. We identified their hopes and fears as they prepared to leave prison.

To supplement the narratives we uncovered using data we collected from participants, we read obituaries published in the local paper and dozens of comments and stories left by loved ones on online obituary websites. We read newspaper stories. We watched lovingly created memorial videos. We read hundreds of social media posts commemorating the loss of our participants who were seen as a dear friend, a child, a parent, a partner. We saw photos of our participants as children - they smiled with their fingers on the keyboard of a piano or held gloves and bats in their little league uniforms. They stuck out their tongues and flashed the peace sign as teens. As adults, they proudly held their newborn babies and posed with friends and loved ones.

For some participants, we searched and searched but were unable to find any official mention of their passing.

This is the fifth 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 South Carolina, Ohio, and Indiana.

About the Authors

The report was prepared by Dr. Carrie Pettus-Davis, Associate Professor and Founding Executive Director of IJRD, and Principal Researcher of the 5-Key Model trial; and Dr. Stephanie Kennedy, the Director of Research Dissemination at IJRD.

Institute for Justice Research and Development (IJRD) is a research center housed within the College of Social Work at the Florida State University. 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 four previous reports – including one page summaries of each report – [here](#).

Death among Formerly Incarcerated Adults

Leaving incarceration is an extremely high-risk time for death. Formerly incarcerated individuals have a death rate 3.5 times that of individuals who have never been incarcerated.¹ During the first 2 weeks after release, this risk skyrockets.² Formerly incarcerated individuals are nearly 13 times more likely to die in those 2 weeks when compared to other residents.²

The leading causes of death for formerly incarcerated individuals in the year after release from incarceration are drug overdose, chronic illness, homicide, and suicide.^{1, 3,4} Risk for death more than doubles for individuals who have been incarcerated multiple times.⁵

- **Drug overdose.** In a synthesis of multiple studies, researchers found that 59% of all deaths in the 12-weeks following release from incarceration were drug related.² In a synthesis examining deaths in the 3 years after release, 18% of all deaths were drug related. This suggests that the weeks following release are a critical time to intervene and prevent overdose and other drug related deaths.³
- **Chronic illness.** Incarcerated individuals are significantly more likely to have a chronic physical health conditions when compared to members of the general public. For example, nearly 11% of incarcerated individuals have hepatitis and 1.3% have HIV, compared to less than 1% of the general public.⁶
- **Homicide.** Estimates also suggest that formerly incarcerated individuals are 9 times more likely to die by homicide or violence when compared to other residents.⁵
- **Suicide.** Rates of suicide are estimated to be up to 36 times higher for formerly incarcerated women and up to 8 times higher for formerly incarcerated men when compared to men and women in the community.⁷

Our Deceased Participants

Fourteen of our 1,543 participants have died since we began recruiting individuals into the study in May of 2018, 3 of whom died during incarceration.

As our study focuses on the well-being of individuals after they leave incarceration and return to the community, in this report we focus on the 11 men and women who died in our communities. They died, on average, 6 months after their release from prison. Two individuals died within days of release; one individual survived for just over 10 months.

Nearly half of the deceased participants - five in total - were from Florida. Two participants each were from Kentucky, Pennsylvania, and Texas. Nine of the 11 participants were male. Nine participants identified their race as White/Caucasian. One individual identified as Black/African American and one other identified as Hispanic/Latinx.

On average, the 11 deceased participants were 35 years old at their time of death with a range of 20 to 62. Six of the 11 were parents; parents had, on average just over 2 children with a range of 1 to 4 children, reflecting the national average. Only one participant was married.

We do not have the causes of death for all 11 participants. What we know is that 3 participants were murdered, 2 died of chronic illness, 1 died of a drug overdose, 1 died by suicide, and 1 was killed in a car accident. The cause of death for the remaining 3 participants are unknown.

We found out about these deaths in a variety of ways. In many cases, a loved one told us that the participant had died when we attempted to reach them for an interview over the phone or at their place of residence. In some cases, our team members unexpectedly came across an obituary in the local paper or heard about a violent death on the evening news.

Reflections

The 12 members of our 5-Key Model Board of Directors team met together to discuss the story of each participant who had died.

The life experiences of these 11 human beings - and of the 6 composite cases we present below - will likely sound fantastical. As one of our participants said, "There's no point in telling you all that's happened - you'd think I was lying." The amount of trauma - the sheer volume of abuse and horror - that formerly incarcerated individuals experience and witness is truly unfathomable.⁸ But our data show that these tragic stories are devastatingly common for those who experience incarceration, although they do not always result in death.

Overall, we were struck by the number of missed opportunities in the lives of these 11 individuals. Many were severely maltreated as young children - physically and sexually abused, demeaned, neglected, and berated by their loved ones. And yet no one seemed to come to their rescue. One individual said that his abuse started at "age zero." Another was sexually assaulted as a toddler.

As adolescents and young adults, they witnessed violence at alarming rates. Several joined gangs, most dropped out of high school. Their loved ones died or were murdered - sometimes as they watched, powerless to change the outcome.

The cycle of violence was ever-present in all of their lives, whether they grew into adults who were victimized by those around them or whether they became abusers themselves. We could clearly see these 11 individuals as victims of unspeakable violence, which provided context to their engagement in crime and criminalized behavior. It was as if their life trajectories snapped into focus.

Many of these individuals began drinking alcohol and using drugs as children - often before their 13th birthday. Substance use during such a critical and sensitive period of neurodevelopment has long-lasting adverse effects on memory, judgment, and one's sense of self.

Many of the participants also began experiencing symptoms of serious mental health issues when they were young children, including depression, anxiety, and auditory and visual hallucinations.

They moved into adulthood distracted by mental health and substance use disorder symptoms and then experienced even more trauma and loss. Three had attempted suicide in their lifetimes.

During study enrollment, our participants consistently told us that they were in poor physical health and many worried that their health would deteriorate in the future.

There is ample scientific evidence that links experiences of direct and witnessed trauma in childhood to poor physical health and increased incidence of mental health and substance use disorders.⁹

Most of our participants had attempted to access community resources for mental health or substance use disorder treatment at some point in their lives. Several were actively engaged in 12-step meetings, despite being ultimately unable to overcome their addiction.

The 11 men and women who died after being released from prison were hopeful to become healthier and happier, build fulfilling lives, and foster connections with their loved ones. They were excited to come home and pursue the goals that they had set for themselves. They were willing to work hard to deepen their education and find meaningful work. Although they had suffered greatly in their short lives, they persevered.

Finally, it was clear these participants were loved by others in their lives. Even those who were fairly isolated were loved deeply by the few who surrounded them. Our participants reciprocated this love, and we could see and feel this love in photographs and online posts. These 11 deaths have had ripple effects in families and communities - ripple effects which will continue for decades.

Key Takeaways

- The cycle of violence was undeniable in the lives of participants prior to their deaths. They were victims of abuse as children or adolescents, then were victimized or revictimized as adults. Some participants also perpetrated violence against others. Ten of the 11 deceased participants had witnessed death and murder, consistent with [our other findings](#).
- Also consistent with [our other findings](#), many of the deceased participants experienced severe psychological distress and met psychiatric criteria for a range of mental health disorders including depression, anxiety, posttraumatic stress, and psychosis, amplified by their experiences of incarceration. For many, symptoms of mental health disorders began when they were between 9 and 11 years old.
- Many participants began drinking alcohol and using drugs as children - often before their 13th birthday. Substance use during such a critical and sensitive period of neurodevelopment has long-lasting adverse effects on memory, judgment, and one's sense of self. In the year prior to their current incarceration, the overwhelming majority of participants met psychiatric criteria for a substance use disorder with the most severe symptom profile.
- Participants' lives were defined by the number of missed prevention and intervention opportunities – for child maltreatment, domestic violence, mental health and substance use disorders, and school drop-out.
- Prior to incarceration, several participants attempted to access community-based health services as well as mental health and substance use disorder treatment services. Care was often beyond their reach, consistent with [our other findings](#).
- Social support typically plummets when individuals have been home in the community for 4 to 6 months.¹⁰ On average, participants had few social supports in the community to help them with tangible needs and provide emotional support. Only one of the 11 deceased participants was able to name more than 3 important relationships in their life; but among the social support they did have, they were greatly loved.

It is becoming common knowledge that an overwhelmingly majority of individuals who have incarceration histories have life trajectories riddled with “unrelenting trauma,”¹¹ psychological distress, and mental health and substance use disorders. However, these factors are rarely addressed by prevention and intervention efforts. Rather, our country (policymakers, criminal justice and corrections stakeholders, and community members) expect these individuals to return home from incarceration and magically overcome the lasting effects of psychological harm and physical illness – created by their life histories.

Composite Cases

We were careful to not report specific details about the deaths of any one participant to protect the confidentiality of our research participants and ensure we were honoring research protections for human subjects.

Therefore, we created composite cases reflective of the stories of the 11 deceased participants, but which also encompass other stories that we have been told by incarcerated and formerly incarcerated individuals throughout the course of this study. To ensure that no one deceased participant could be identified, we merged together the details and experiences of multiple participants into each composite case.



Summer

“Summer” was released from prison in 2018 and murdered 9 months later. She was 45 years old.

Prior to coming to prison, Summer worked as a server, although she was unemployed when she was arrested. Summer was a

high school graduate and had completed three semesters of college. She was proud of her education, but she wanted to finish her degree. She hoped that furthering her education would help her find a more satisfying career.

Summer was a mother of four – she had two teenage daughters and two young sons. Although they had not been able to visit her in prison, Summer said that her kids reached out to her every week and that she had an excellent relationship with all of them. They were living with Summer’s mother during her incarceration.

Childhood

As a child, Summer told us that people in her family often called her names and said other hurtful and insulting things to her. However, she said that she knew that her mother loved her deeply.

Summer was sexually assaulted by a family friend on multiple occasions. The abuse started when she was just 7 years old and continued for nearly a decade. She has few other memories from childhood.

Adolescence

As a teen, Summer experienced several severe traumas. The sexual abuse from the family friend continued and her first real boyfriend - whom she began dating when she was 16 - verbally, physically, and sexually assaulted her on multiple occasions.

She began to experience mental health issues and was diagnosed with depression and PTSD after a suicide attempt. Throughout her teen years, Summer began to use cocaine and tranquilizers with increasing frequency.

Adulthood

When she was 18, Summer witnessed the death of a dear friend. She began using heroin shortly thereafter. Although she was now free from the sexual abuse she endured in high school, she had a series of boyfriends who beat and berated her, often forcing her to engage in humiliating and demeaning behavior.

In her 20s, Summer’s drug use escalated, and she was arrested and incarcerated multiple times on drug charges.

She used drugs likely to cope with abuse and trauma, but using drugs exposed her to further victimization. She was beaten and robbed on the street by a group of men, raped by a stranger, and forced into prostitution by a boyfriend. She lost many friends to drug overdose, and even discovered the dead bodies of two friends in a house where they were all using drugs together. Summer experienced intense anxiety and panic attacks throughout this time and had flashbacks and nightmares about the physical and sexual assaults she had survived.

In her 30s, Summer began to experience auditory and visual hallucinations - hearing voices and having visions. The voices repeated some of the insulting and hurtful things that had been said to her when she was just a girl. Summer felt like the voices just confirmed that she deserved the bad treatment she was receiving. She desperately wanted to escape from a new boyfriend who beat her savagely when he was intoxicated. She became intensely anxious and was terrified that he could hear her thoughts and would kill her when he found out that she wanted to leave.

Throughout her 30s, she was arrested several times for drug possession. She spent 18 months in prison for prostitution when she was 39.

She was serving a 1-year sentence for possession of a controlled substance when we met her.

Health & Well-Being

Summer was in poor physical health but told us that she was proud of having achieved sobriety during her incarceration.

Prior to prison, Summer tried repeatedly to reduce or control her heroin use, but she was unsuccessful. She experienced strong cravings and severe withdrawal symptoms which made it nearly impossible to quit. She attended 12-step meetings regularly in the community and during incarceration for support.

Summer received psychotherapy regularly throughout her life for depression and PTSD. Although she took medication to ease her symptoms of depression, Summer had never talked to a doctor about her experience of hallucinations.

Social Support

As Summer prepared for release, she was socially isolated. She had few friends in prison and often spent time by herself, reading, and praying.

Summer relied on her older children and her mother for emotional support. Summer was proud that her daughters were both on the honor roll, one was completing an Associate degree in high school and the other was taking courses at the local community college. Summer depended deeply on her mother to help her navigate caretaking and her own emotional well-being. Not including her children, Summer told us that her relationship with her mother was the most significant relationship in her life.

Summer's new boyfriend also played an integral role in her life prior to her incarceration. However, he was murdered just prior to her arrest as the two were buying heroin from a new supplier.

Summer sobbed while talking about him.

Summer said they met at a 12-step meeting, and while neither of them were able to abstain from drugs, they struggled together and supported each other. Summer felt that, for the first time in her life, she had a true partner - someone who made her feel valued and loved.

She hated having missed his funeral and she knew that her release from prison would only heighten her grief at his loss. Although she felt somewhat confident about her ability to stay clean after release, she knew that the transition back home would be emotionally overwhelming.

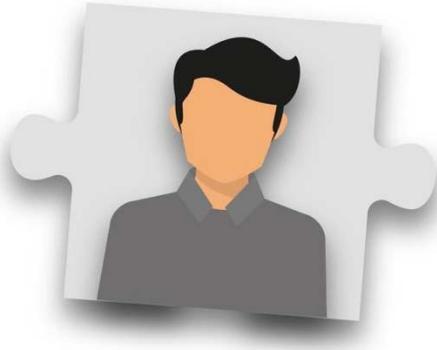
Looking to the Future

Despite her experiences of violence, loss, and suffering, Summer was hopeful about her life in the days prior to her release from prison. Despite her grief and depression, Summer knew that she could give and receive love. She felt that each day had potential, and she was excited to see her children and to have the opportunity to rebuild her life.

Circumstances of her Death

We found out about Summer's death when one of our team members learned that a woman's body had washed up on the riverbank and dental records identified her as Summer.

Several arrests have been made in connection to these events, and it appears that Summer was murdered by a group of men who sold heroin in her community. One of the men was her ex-boyfriend - the man who had savagely beaten her the decade prior.



Kevin

“Kevin” was released from prison in 2018. He died just 2 weeks later. He was 38 years old.

Kevin was working full-time as a welder in the year prior to his incarceration. He completed his GED in prison. Kevin was highly motivated to further his education, identifying this as one of his more important goals after release. He didn't find welding work to be satisfying or interesting, although it was a good fit for his skills and abilities, and he made a good salary. Kevin was willing to put in the effort to find a career he enjoyed.

Kevin had a teenage daughter who visited him monthly. They were very close, and he was proud of the person she was.

Childhood & Adolescence

When Kevin was a child, his family was a source of strength and support and he said that people in his family looked out for one another. He felt loved, cared for, and protected by his parents and siblings as a boy.

In childhood, Kevin spent a lot of time with his older neighbor, who was 14. The two drank alcohol and smoked marijuana together when Kevin was just 10 years old. The neighbor encouraged him to experiment with other drugs like cocaine and hallucinogens.

Kevin soon met other students who drank and used drugs and slowly withdrew from all other activities.

Adulthood

Kevin was arrested for the first time when he was 18 for underage drinking and drug possession. He spent 60 days in jail and was released on probation.

He totaled his car in a one-car accident a few weeks after his release. He failed his next drug test and was returned to jail for 60 days.

After he was released from jail, Kevin attended 12-step meetings for 9 months and successfully completed his probation sentence.

Two months later, just after his 21st birthday, Kevin hurt his back badly at work. He was prescribed opioids to manage the pain, as there was no surgical solution to his injury.

Kevin began to experience intense nightmares and night terrors while using prescription opioids. Kevin was prescribed additional medication to manage these adverse effects.

Kevin attempted suicide for the first time a few weeks later.

Roughly 6 months after the accident, Kevin was fired from his job when he fell asleep at a job site.

Kevin found it difficult to control his opioid use and he struggled to manage his chronic pain. He began to use heroin and tranquilizers regularly and he started to sell drugs for income.

Kevin attempted suicide again when he was 24. His girlfriend found him and brought him to the hospital. They found out that they were expecting a child a few days later and Kevin's depression lifted.

He struggled with alcohol and drug use, but never attempted suicide again.

Kevin did, however, spend increasing amounts of time in jail and prison throughout his daughter's childhood. He tried on multiple occasions to abstain from alcohol and drugs and he attended 12-step meetings with some regularity.

Kevin had used 72-hour detoxification services on several occasions, as he experienced severe withdrawal symptoms from both alcohol and heroin whenever he tried to reduce or control his use.

He was unable to stay sober for more than 60 days at a time. Each time he received his 60-day chip, the nightmares and night terrors would return, and he would return to drug use.

Health & Well-Being

When we met Kevin, he was extremely anxious about his upcoming release from prison. He had been attending 12-step meetings and had been sober for 13 months. The prison psychiatrist prescribed him medicine to help with anxiety and sleep, but Kevin still struggled with night terrors.

Kevin was proud of being in recovery from a substance use disorder and felt calmer and more peaceful than he had in decades.

Social Support

Kevin was fairly socially isolated prior to his current incarceration. He had a sponsor through the 12-step program with whom he met weekly, but he rarely spent time with anyone he considered a friend. His daughter's mother broke up with him when his daughter was just a baby.

Kevin's most important relationships (beyond his relationship with his daughter) were with his parents.

Kevin did not see his parents often – he'd only been in contact with them once in the year prior to his current incarceration – but Kevin identified them both as his primary sources of emotional support.

Kevin's mother was extremely supportive of him, and she always made him feel like he had something positive to contribute to others. She gave him advice and helped him to feel more relaxed when he was under pressure.

Kevin's father always made him feel valued and appreciated. He knew how much both his mother and father loved him.

Kevin's parents didn't accept his drinking or his drug use. They made him leave when they knew he was using, and they strongly supported him getting treatment.

Looking to the Future

Although Kevin was worried about his release, he felt that he had goals and was on the right path to recovery. Kevin planned to stay with his parents and his employer was willing to hire him back part-time as a welder on the condition that he continue to attend 12-step meetings and meet regularly with a sponsor. He was excited to spend time with his daughter and he knew that he was able to give and receive love.

Circumstances of his Death

Kevin died of a drug overdose just 2 weeks after he was released from prison. We were notified of Kevin's death by his parents. Dozens of family members, friends, and loved ones posted memories and stories of his life on his social media accounts.



Gabriel

“Gabriel” was released from prison in 2019 and was murdered 6 months later. He was 19 years old.

Before coming to prison, Gabriel worked at a car wash part-time. He completed his GED in prison, and he was eager to gain more education and training to help him change jobs.

Gabriel considered himself to be a happy person. He had no children and had never experienced any mental health issues.

Childhood

As a child, Gabriel told us that didn't always feel loved, although he was clear that there was someone in his family who helped him to feel important or special.

Gabriel believed that he had been physically abused as a child by a family member and described how he was beaten with a belt, an iron bar, and a 2x4 piece of wood. These beatings went beyond punishment, sometimes breaking his bones. He had never talked to a doctor about his injuries and would not disclose details about who might have done this to him. “Talking about it,” he said, “would be worse than going through it.”

Adolescence

When Gabriel turned 13, he began to spend more and more of his time outside of his home. He joined a gang and felt safety and comfort being around other boys who also hated going home. He started smoking marijuana and drinking alcohol.

As part of his gang initiation, Gabriel was asked to rob someone and bring at least \$300 in cash back to the gang leader. Gabriel was nervous, but he found that his quiet nature and quick reflexes - developed as a survival skill in his family home - made it easy for him to slip in and out of places unnoticed.

Over the next several years, Gabriel would make a habit out of this behavior - sometimes robbing because he had been instructed to, and other times simply because he saw an opportunity.

Everything changed, however, when the gang leader murdered Gabriel's closest friend, questioning the friend's loyalties to the gang. The leader shot Gabriel's friend over 30 times in the chest and head.

Gabriel was 17 years old when this happened. He knew that he needed to get out of the gang, but he could see no possible avenues for escape.

Over the next year, the gang leader increasingly sensed Gabriel's hesitation and became physically and psychologically abusive. The gang leader threatened to kill Gabriel's mother if he were to step out of line.

Gabriel began to experience symptoms of depression. Soon he was having multiple panic attacks every day.

Gabriel was arrested for robbery just after his 18th birthday. He was set-up by the gang leader who orchestrated the robbery and then called in an anonymous tip to the police hotline once Gabriel arrived on the scene.

It was Gabriel's first arrest.

Social Support

Gabriel had no significant or lasting relationships with friends. Besides his mother, Gabriel was unable to identify anyone else in his life with whom he felt he had an important or enduring relationship.

Gabriel's mother provided him with practical assistance and emotional support, and she helped him to feel valued and appreciated. Gabriel felt that he could be completely himself with her. He knew that he could count on her in a crisis.

Gabriel's mother knew that he used sometimes drank alcohol and smoked marijuana and she made him leave when she knew he was using. She was also aware that he had joined a gang, and while she worried that he would be hurt, she could see no other options for him because of the threats to his safety if he left. She sometimes encouraged him to join the military to get away from the gang, because she felt that maybe that would be a safe way out.

Looking to the Future

We met Gabriel a few months before his release from prison. He was hopeful about his life and future. Gabriel felt that he was a fundamentally positive person - someone who could see possibilities amid great challenges.

He had been able to distance himself from the gang during his prison stay. He was able to get many of his gang tattoos altered and covered and he hoped that the gang leader was satisfied with Gabriel's punishment. His panic attacks had lessened, and he was not experiencing depression when we met.

Gabriel used his quiet nature to move through the prison unnoticed, spending most of his time in the library. He passed the GED test just a few weeks after he began studying - despite having dropped out of school when he was only 15. Gabriel had found a few psychology books in the library and was hoping to leave prison and enroll in courses at the local community college when he got home. He wanted to be a high school guidance counselor so that he could help kids who had been through what he had been through.

Circumstances of his Death

We found out about Gabriel's murder in our attempts to contact him for an interview. One of our team members spoke to Gabriel's mother who told us about the drive-by shooting that took Gabriel's life. She cried on the phone with our team member for over an hour.

Gabriel was walking down a residential city street with a friend he had made in his 'Introduction to Education' course at the local community college when someone began following them. Gabriel stopped to ask the man what he wanted when the man drew a gun and began firing. Gabriel pushed his friend into a bush when he realized what was happening. Both Gabriel and his friend were struck by bullets and transported to the hospital. Gabriel died several hours later. His friend had surgery and was released within the week.

No arrests have been made and there are no suspects.



George

“George” was released from prison in 2019. He died 10 months later. He was 65 years old.

Before coming to prison, George had been working full-time as a warehouse manager. He completed his GED in

prison and felt like his warehouse job was a good match for his interests, skills, and abilities.

George was a father of two – both his son and daughter were in their mid-40s. His daughter had stopped speaking to him when she was just 23, shortly after she started her own family. His son was currently incarcerated, serving a 3-year sentence for possession of a controlled substance with the intent to distribute.

Childhood

As a young boy, George was beaten by his older brother - who sometimes beat and burned George so badly that he required medical attention. George’s brother threatened to burn the house down and kill all of them if George ever told anyone what was happening. The abuse lasted until George was 12 and was able to begin to fight back.

Despite the treatment he received from his brother, George told us that overall, his family was often a source of strength and support and that he knew that his parents were there to take care of him.

George began to experience depression when he was just 10 years old. He became consumed by thoughts of guilt and worthlessness and, after telling his mother that he was thinking of killing himself, he went to see a child psychologist.

He was diagnosed with bipolar disorder and given medications. George told us that he remembered the psychologist saying that he “needed psychological help.”

He was hospitalized a few times throughout his life to help manage mental health crises. He never told anyone about the abuse he survived.

Adolescence

George began drinking alcohol when he was 13 years old. Drinking alcohol would become a lifelong habit with serious health consequences.

As an older teen, George began to experience auditory hallucinations. He became extremely paranoid and worried that someone was plotting against him to hurt him. George also heard voices commenting on his own thoughts and sometimes felt like his body was possessed.

He drank alcohol to calm his paranoia and quiet the voices, but soon the voices became so loud that he needed to try something different. He started using heroin when he was just 17, terrified to tell anyone about the voices he was hearing.

Adulthood

George was incarcerated for the first time for drug possession when he was 19. He served 6 weeks in jail and 8 months in prison.

Throughout his 20s, George witnessed the deaths of six people in his life, some of them acquaintances and others close friends. Several of these deaths were to overdose fatalities; others were stabbings he witnessed in his community.

He was incarcerated three additional times for drug possession and driving while intoxicated. He served just under 2 years total in local jails.

When he was 28, his best friend was murdered as he watched. They had been buying heroin and a fight broke out, seemingly for no reason. His friend was stabbed in the neck and died instantly.

Witnessing his friend’s murder started a posttraumatic stress response that persisted for the next 40 years. George avoided being around people to manage his anxiety and he was often consumed by negative feelings including fear, horror, anger, guilt, and shame.

These feelings made him detach from others and gave him strong impulses toward self-destruction. George said that he was always on guard, worried about what might happen next.

George was arrested and incarcerated multiple times over the next 3 decades. When he was 60, he was incarcerated for driving while intoxicated and sentenced to 4 years in prison.

George described his adult intimate partner relationships as troubled and characterized by psychological abuse and controlling behaviors.

Health & Well-Being

When we met George, he was worried about his physical health. He had been diagnosed with Hepatitis C roughly 10 years ago and had struggled to find adequate treatment. There was little treatment available in his community, although he did receive some treatment in prison. George felt nervous, depressed, and discouraged most of the time. He worried about how often he was sick, and he was confident that his health would worsen in the future.

In the year prior to incarceration, George experienced strong cravings for alcohol and heroin. Even though he had not intentionally tried to reduce his drinking or drug use, he experienced severe withdrawal symptoms when he wasn't using alcohol or drugs, including worsening auditory hallucinations.

When we met with George, he met criteria for a substance use disorder with the most severe symptom profile. He had sought out substance use disorder treatment several times in his life. George voluntarily checked into residential treatment in his 30s and received court-mandated treatment on two other occasions.

Social Support

George was worried about where he would stay when he left prison. His only relationships were with his sisters, whom he cared about deeply. George felt like he could discuss absolutely anything with his sisters, and he relied heavily upon them. His sisters made him feel that he had something positive to contribute to others and they always made him feel valued and appreciated. He knew how much they loved him.

His sisters did not accept his drinking or drug use and strongly supported him getting treatment.

Looking to the Future

Despite George's worries about release and his current depression, he had some hope for his future. He was scared and felt alone in life but told us that he could remember happy and joyful times. George felt that his life had value and worth despite being unsure of where his own life was heading.

Circumstances of his Death

George struggled to access treatment for Hepatitis after his release from incarceration. He was able to get medical insurance on his 65th birthday, but his condition had worsened. George was hospitalized for an extended period prior to his death. He ultimately died of liver failure, a consequence of hepatitis.

Our team was notified by one of George's sisters a team member attempted to connect with him at his home address.



Hannah

"Hannah" was released from prison in 2019. She died 5 months later. She was 22 years old.

Prior to coming to prison, Hannah had been working as a dishwasher a few hours

a week at a 24-hour diner. She had not completed high school and had enrolled in a GED class during her incarceration, although she had not yet passed the exam.

Hannah was highly motivated to attend more school and was willing to put in hard work to achieve education goals, especially those that would lead to a good job. She wasn't satisfied with her educational accomplishments thus far and agreed that having a good job was important to her sense of well-being.

Childhood & Adolescence

Hannah told us that she had the perfect childhood. She also felt valued and supported in her adult relationships and had never experienced any intimate partner violence, threats, or coercion.

Hannah began drinking alcohol and smoking marijuana during her freshman year of high school. By sophomore year, she was regularly using cocaine and was arrested for possession of a controlled substance when she was just 15. She was sentenced to 6 months of probation.

Hannah began to use heroin when she was 17. Her heroin use would ultimately consume much of her time and energy and lead to her early death.

Adulthood

As an older teen, Hannah was arrested and incarcerated in a state prison for forgery. She served just under a year.

Hannah began to hear voices when she was 19, including voices that commented on her thoughts. These voices were highly distressing to her and Hannah sought help from a psychiatrist. She was diagnosed with bipolar disorder and prescribed several medications.

Health & Well-Being

Although Hannah continued to take medication in prison, she was still hearing voices when we met with her on the day she was released from prison. The voices were less distressing to her and had become quieter over time.

Hannah described herself as a nervous person and she felt physically unwell. She worried that her health would decline.

Hannah experienced strong cravings for heroin, and she found herself reducing all of her activities to manage her heroin use. Although she did not intentionally try to reduce or control her use, she regularly experienced withdrawal symptoms including depression, muscle aches, runny nose, teary eyes, hot flashes, vomiting, and diarrhea.

She met psychiatric criteria for a substance use disorder, with the most severe symptom pattern.

Hannah had never received drug treatment – she told us that she didn't think her drug problems were serious enough to need help and had decided that she could handle them on her own.

Ultimately, she confessed, she simply wasn't ready to stop using.

Social Support

Hannah appeared to be highly socially isolated. She described making friends easily but keeping everyone at arms' length. She had many acquaintances, but no close friends.

Hannah told us that her sister was the most important person in her life, but she declined to tell us more about their relationship.

Hannah described feeling alone in life.

Looking to the Future

As Hannah prepared to leave prison, she felt scared for her future. She did, however, feel confident about her capacity to pursue and achieve the goals she was working toward.

Hannah told us that she was able to remember happy and joyful times and she took comfort in her faith.

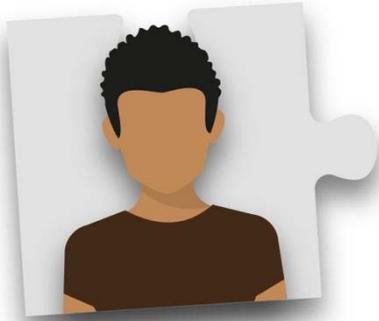
She identified herself as a person with deep inner strength – someone able to give and receive love.

Circumstances of her Death

Hannah's health began to decline soon after she was released from prison. She returned to heroin use and contracted an infection at an injection site.

Hannah's sister told us that the infection spread to her bloodstream and she went into septic shock.

She died several days after being admitted to a local hospital. Hannah's online obituary was filled with loving recollections of her patience, sweetness, and willingness to help any person she encountered.



Aaron

“Aaron” was released from prison in 2018. He died 3 months later. He was 25 years old.

Aaron was a high school graduate and had been working full-time at a local restaurant when he was incarcerated. He enjoyed working at the restaurant and found the work interesting. Although Aaron was proud of having earned his high school diploma, he was strongly motivated to pursue higher education to further his career. Having a good job was important to his sense of well-being.

Childhood & Adolescence

When Aaron was a child, he told us that he felt somewhat emotionally disconnected from his family. He often felt loved, but he sometimes thought that someone in his family hated him. Although his physical needs were met (clothing, food, medical care), Aaron told us that his immediate family members were rarely a source of strength or support.

Aaron started drinking alcohol when he was just 15, which would become a life-long habit with serious health consequences.

When Aaron was 16, he witnessed a stranger being attacked and beaten by a group of men in the park. He fled the scene and learned later that the victim of the attack had died.

Aaron began to have flashbacks and nightmares about the attack and became consumed by feelings of guilt and worthlessness. He felt guilty for not having intervened on behalf of the victim and ashamed for having been so afraid that he was unable to act.

Soon thereafter, Aaron began to experience severe anxiety. He found it difficult to control his worries, which made him tire easily. Sometimes he found that his mind would simply go blank.

Adulthood

As an older teen, Aaron began using cocaine and opioids like heroin and prescription pain medication.

Soon, Aaron began stealing to make ends meet. He was incarcerated for the first time when he was 19. He served 9 months in a local jail for theft.

After he was released from jail, his drug use increased. He began using opioids, hallucinogens, and dissociative drugs daily. He told us that he was most troubled by his use of prescription opioids as he experienced strong cravings to use. Aaron knew that his prescription opioid use caused problems with his family and friends and he continued to use even though he was clear that it was causing him physical and psychological problems.

When he was 21, Aaron was attacked by a stranger who stabbed him with a knife several times. His wounds were not life threatening.

At 22, Aaron was a passenger in a car struck by an oncoming vehicle who ran a red light. Aaron seriously injured his neck and back and received emergency surgery. He was prescribed opioids to manage his pain.

A few months later, he and one of his closest friends were attacked while they were waiting to meet someone to buy drugs. His friend was stabbed multiple times and required intensive care for several months, but ultimately survived the attack.

Aaron was arrested two weeks after this incident for theft. He was sentenced to 9 months in jail.

He experienced such severe opioid withdrawal during his incarceration that he was transferred to the hospital for additional care.

He relapsed the day he was released from jail and was arrested that night. He was reincarcerated for drug possession.

Health & Well-Being

In the year prior to his current incarceration, Aaron found that his alcohol use was out of control. He'd been intoxicated in situations where he put himself or others at physical risk, including while driving a car. He had tried to reduce and control his alcohol use, but ultimately, he was unsuccessful.

Aaron had not intentionally tried to reduce or control his drug use, although he still experienced withdrawal symptoms in between use including runny nose, teary eyes, dilated pupils, hot flashes, and insomnia.

At the time of our interview, Aaron met psychiatric criteria for a substance use disorder, with the most severe symptom pattern.

Aaron felt healthy and strong and he considered himself to be a happy person. The flashbacks and nightmares that consumed his adolescence were now far from his mind.

Aaron had never talked to a counselor or engaged in any substance use disorder treatment.

Social Support

Aaron was highly social engaged – he made many friendships during incarceration and regularly spent time with others including eating meals, hanging out, and playing sports or card games every day. He had a close bond with his cellmate and told us that this friendship was positive for his life.

Aaron was able to identify 6 individuals who played an important role in his life prior to coming to prison. Aaron told us about his relationships with friends and family members.

Aaron's death notification was delivered to us by a close friend, whom he saw daily. He told us that she was his strongest source of emotional support and felt like he could be totally himself with her. She was extremely important to him and Aaron relied on her to help him make decisions and clarify his goals for the future.

Aaron also told us about the emotional support he received from his grandparents, whom he saw weekly. He was extremely emotionally close to his grandmother and this relationship was extremely important to him. She always made him feel valued and appreciated. While he didn't feel the same emotional closeness to his grandfather, this relationship was also important to him. He knew that his grandfather would care about him regardless of what happened.

Aaron also spent time with his cousins who helped him to feel valued, appreciated, and loved. Aaron came to them for advice and to help him feel more relaxed when he was under pressure.

Aaron knew how loved he was.

Looking to the Future

Aaron was hopeful about his future and upcoming release from incarceration although he was not sure that he knew in which direction his life was heading. He felt that his life had value and worth and believed that every day had potential.

Circumstances of his Death

We found out that Aaron had died when a friend contacted us with the news. Aaron's friend told us that Aaron had committed suicide. She did not provide additional details.

- 1 Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). [Release from prison-a high risk of death for former inmates](#). *New England Journal of Medicine*, 356(2), 157-165.
- 2 Merrall, E. L., Kariminia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J., ... Bird, S. M. (2010). [Meta-analysis of drug-related deaths soon after release from prison](#). *Addiction*, 105,1545–1554.
- 3 Zlodre, J., & Fazel, S. (2012). [All-Cause and External Mortality in Released Prisoners: Systematic Review and Meta-Analysis](#). *American Journal of Public Health*, 102(12), e67–e75.
- 4 Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, D., & Marshall, S. W. (2018). [Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015](#). *American Journal of Public Health*, 108, 1207–1213.
- 5 Lize, S. E., Scheyett, A. M., Morgan, C. R., Proescholdbell, S. K., Norwood, T., & Edwards, D. (2015). [Violent death rates and risk for released prisoners in North Carolina](#). *Violence and Victims*, 30, 1019-36.
- 6 Maruschak, L. M., & Berzofsky, M. (2015). [Medical problems of state and federal prisoners and jail inmates, 2011-2012](#). (NCJ 248491). Washington, D.C.: Bureau of Justice Statistics.
- 7 Pratt, D., Piper, M., Appleby, L., Webb, R., & Shaw, J. (2006). [Suicide in recently released prisoners: a population-based cohort study](#). *Lancet*, 368(9530), 119–123.
- 8 Hardt, J., & Rutter, M. (2004). [Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence](#). *Journal of Child Psychology and Psychiatry*, 45, 260–273.
- 9 Centers for Disease Control and Prevention. (2019). "About adverse childhood experiences." Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>
- 10 Pettus-Davis, C., Doherty, E. E., Veeh, C., & Drymon, C. (2017). [Deterioration of postincarceration social support for emerging adults](#). *Criminal justice and behavior*, 44, 1317-1339.
- 11 DeHart, D. D. (2008). [Pathways to prison: Impact of victimization in the lives of incarcerated women](#). *Violence Against Women*, 14, 1362-1381.