• 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.* 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,” 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.