

Violent Death Among Recently Released Prison Inmates: Stories Behind the Numbers

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Research on rates of violent deaths in prison releasees exists, however little work has gone into examining their associated contexts and circumstances. Using North Carolina Department of Corrections and North Carolina Violent Death Reporting System data, the authors sought to understand the contexts surrounding the deaths of recently released inmates. Findings revealed that homicides (64% of deaths) were associated with violence as a result of argument and with criminal activity. Suicides (30%) were in response to risk of reincarceration, relationship problems, depression, and situational difficulties. Six percent of deaths were the result of legal intervention. Implications for social work practice and research are examined.

There is an increasing population of people being released from state and federal prisons in the United States (Bureau of Justice Statistics [BJS], 2010). For the first time since the BJS began collecting information, releases from prison (708,677) exceeded admissions to prison (703,798) resulting in an overall prisoner population decline and an increased number of people reentering communities (BJS, 2010). The decrease in first-time sentencing

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commitments into state prison was responsible for the decline in the state prison population (BJS, 2010). The time that offenders entering state prison could expect to serve on a commitment, about 2 years, remained relatively stable between 2009 and 2010, which indicates that the decline in the state prison population during the year was the result of a decrease in admissions (BJS, 2010). This trend will most likely continue as jail and prison administrators face economic challenges and budget cuts at the local, state, and federal levels (Gramlich, 2010).

Of those prisoners who are incarcerated, few remain in prison for life; 95% of all inmates in the United States ultimately will be released (Hughes & Wilson, 2003). These former prisoners face uncertain and unstable housing, medical care, income, and family support immediately following their release. Incarceration increases the odds of being homeless or marginally housed (Kushel, Hahn, Evans, Bangsberg, & Moss, 2005; Weiser et al., 2009). People who received treatment and medications in prison have difficulty connecting to community care and may suddenly experience a lapse in care, particularly if they are uninsured (Dumont, Brockmann, Dickman, Alexander, & Rich, 2012). It is common for a felony arrest record to make finding work, and thus lawful means of self-support, difficult (Harding, Wyse, Dobson, & Morenoff, 2011), and difficulty rebuilding social ties and family relationships is common (Urban Institute Justice Policy Center, 2009). Clearly, social workers and other helping professionals working in mental health, substance abuse, or other healthcare and social service settings will have this growing group as part of their client population.

Individuals released from prison have an elevated risk for death when compared to the general population (Binswanger et al., 2007; Binswanger, Blatchford, Lindsay, & Stern, 2011; Harding-Pink, 1990). For released prisoners, the risk of relapse and overdose on illicit drugs is greater than for the general population (Calcaterra, Blatchford, Friedmann, & Binswanger, 2011; Kariminia et al., 2007). Rates of death of former Washington State prisoners during the first 2 weeks after release were 12.7 times that among other state residents (Binswanger et al., 2007). In subsequent weeks, the rates of death remain over three times higher than what is seen in similar demographic groups. The most frequent causes of death following release include drug overdose, motor vehicle accidents, homicide, suicide, and health-related problems (Binswanger et al., 2007). Several international studies have also shown high rates of death in the postrelease period. In Australia, recently released young males had a risk of death nine times higher than the general population, with the most common causes of death being drug-related, suicide, and nonintentional injury (Coffey, Veit, Wolfe, Cini, & Patton, 2003). Former adult inmates in Australia demonstrated an elevated risk of death due to drug overdose and suicide (Kariminia et al., 2007). A similar study in England also showed elevated rates of suicide in former inmates (Pratt, Piper, Appleby, Webb, & Shaw, 2006).

Factors shown to be associated with high risk of death postrelease include homelessness (Lim et al., 2012), mental illness (Kariminia et al., 2007), history of substance abuse (Pratt et al.), and shorter incarcerations (Binswanger et al.). In addition, there is a significant literature on the overlap between being an offender and being a victim. This view proposes that those who perpetuate violence and those who suffer from it are often the same individuals (von Hentig, 1948). Recent findings challenge the thought that an individual's personal characteristics are the sole factors that put him/her in a perpetrator/victim role and identify specific neighborhood processes as explanatory factors for this phenomenon. Shared neighborhood characteristics, culture, and lifestyle result in behaviors and context that can both cause one to commit a violent crime and be a victim of such a crime (Berg, Stewart, Schreck, & Simons, 2012; Ezell & Tanner-Smith, 2009; Pizarro, Zgoba, & Jennings, 2011). Thus release and return to former neighborhoods and lifestyles results in increased risk that violent offenders will themselves be the victims of violence.

Even though extensive literature demonstrates the high risk of violent death after release from prison, little work has gone into examining the immediate contexts and circumstances associated with these violent deaths. Studies have focused on rates and risk factors of drug-related deaths among former prisoners (Calcaterra et al., 2011), risk factors for all-causes of deaths (Binswanger et al., 2011), and problems obtaining income, healthcare, and housing (Harding et al., 2011; Binswanger et al., 2011; Visher & Travis, 2003). However, most studies fail to explore the details of how, where, and why people die violently. Without this information it is difficult for social workers and other helping professionals to design re-entry interventions to address the problem of high violent death rates in inmates postrelease.

This study fills a gap in the literature by examining the circumstances of released inmates who die violently soon after release. The data source for this study is the North Carolina Violent Death Reporting System, a Center for Disease Control and Prevention (CDC)-funded data system that collects extensive and detailed information of violent deaths occurring in North Carolina. Our goal is to gain an understanding of the circumstances of released inmates who die violently and the characteristics of the situations surrounding their deaths. This understanding is a first step in a longer-range research agenda to identify risk factors of violent death upon prison release, and then design interventions to reduce these factors.

METHOD

Sample Selection

DEVELOPMENT OF DATASET TO IDENTIFY SAMPLE

The dataset for this study was created by linking the North Carolina Offender Population Unified System (NC OPUS) from the North Carolina Department

of Corrections, Death Certificates (DC), and North Carolina Violent Death Reporting System (NC-VDRS). NC-VDRS is a public health, population-based surveillance system that contains detailed information on deaths that result from violence. It is operated by the North Carolina Division of Public Health's Injury and Violence Prevention Branch. The NC-VDRS is an incident-based, relational database that combines information from multiple sources, such as death certificates, medical examiner reports, and incident reports from law enforcement agencies (e.g., NC DHHS, n.d.).

A NC OPUS data file of all prison releasees from January 1, 2006 to December 31, 2007 was provided by the North Carolina Department of Corrections (NC-DOC), containing a total of 48,299 releasees. The NC-DOC file was matched against the Death Certificate records then rematched to the NC-VDRS data set from 2006–2009. Probabilistic matching was used, with variables of social security number, last name, first name, and date of birth creating single variable strings. Subsequent to this matching process there was a manual review of matches and nonmatches. Key data from both data sources was used to create a merged data file.

SAMPLE CHARACTERISTICS

Using the above process, 164 subjects were identified who were released from NC prisons between 2006 and 2007 and died violently prior to 2009. Table 1 summarizes subject characteristics. Subjects were predominantly male (92.1%), African-American (58.5%), single/never married (69.5%) with

TABLE 1 Characteristics of Sample ($N=164$)

| Characteristic | <i>n</i> | % |
|-----------------------|----------|--------|
| Gender | | |
| Male | 151 | 92.07% |
| Female | 13 | 7.93% |
| Race/ethnicity | | |
| African American | 96 | 58.54% |
| White | 62 | 37.81% |
| American Indian | 6 | 3.69% |
| Marital status | | |
| Single, never married | 114 | 69.51% |
| Married | 17 | 10.37% |
| Separated | 18 | 10.98% |
| Divorced | 13 | 7.93% |
| Widowed | 2 | 1.22% |
| Type of death | | |
| Homicide | 105 | 64.02% |
| Suicide | 49 | 29.87% |
| Legal intervention | 10 | 6.10% |

Age ($M=31$, $SD=8.9$) and prison time (days) ($M=419$, $SD=656.2$).

an average age of 31.4 ($SD=8.9$) and average prison time of 419 days ($SD=656.2$).

Procedure

For purposes of this study, quantitative data analyzed included demographics (gender, race, age, marital status), type of death (homicide, suicide, or legal intervention; i.e. police use of lethal force such as shooting), evidence of substance use in victim at time of death, and means of death. Descriptive analyses including frequencies and measures of central tendencies were calculated using SPSS. Details regarding characteristics of death were obtained from the medical examiner's report and police report for each subject by NC-VDRS abstractors who created narratives that captured relevant and detailed information as determined by the CDC. These narrative summaries were examined to understand the circumstances surrounding the death. Two researchers independently coded the summaries, met to discuss codes, and created a common codebook. Initial intercoder agreement was 81.5%. Areas of disagreement were discussed until coders came to consensus. Subsequent to coding, the same researchers worked together to identify larger themes across codes, developing a number of "storylines" regarding the violent deaths of released inmates. This study was reviewed and approved by the University of South Carolina Human Subjects Research Institutional Review Board, as well as the North Carolina Department of Corrections Institutional Review Board.

RESULTS

Types, Rates, and Means of Death

Of the 164 releasees who died violently, 105 (64%) died as a result of homicide, 49 (30%) as a result of suicide, and 10 (6%) as a result of legal intervention. As shown in Table 2, the vast majority of deaths were the result of firearms (68%), followed by hanging (10%), and substance (poisoning) overdose (10%). When broken out by type of death, means of death for homicides was primarily firearm (83%), and all deaths as a result of legal intervention were due to shooting. Suicides were nearly evenly distributed among hanging (35%), substance (poisoning) overdose (31%), and firearm (29%).

Similar to other research (e.g. Binswanger, Blatchford, Lindsay, & Stern, 2011), the rates of violent death among prison releasees in this study were quite high. The rate of death in the first 365 days postrelease for this cohort was 182.5/100,000. This is several times higher than the rate for adults in North Carolina during the same time period (24.8/100,000). In addition,

TABLE 2 Means of Death ($N = 164$)

| Means of death | Total ($N = 164$) | | Homicide ($n = 105$) | | Suicide ($n = 49$) | | Legal intervention ($n = 10$) | |
|----------------|------------------------|-----|---------------------------|-----|-------------------------|-----|---------------------------------------|------|
| | n | % | n | % | n | % | n | % |
| Firearm | 111 | 68% | 87 | 83% | 14 | 29% | 10 | 100% |
| Hanging | 17 | 10% | 0 | 0% | 17 | 35% | 0 | 0% |
| Substance Use | 16 | 10% | 1 | 1% | 15 | 31% | 0 | 0% |
| Stabbing | 8 | 5% | 8 | 8% | 0 | 0% | 0 | 0% |
| Trauma | 7 | 4% | 7 | 7% | 0 | 0% | 0 | 0% |
| Asphyxiation | 3 | 2% | 2 | 2% | 1 | 2% | 0 | 0% |
| Other | 1 | 1% | 0 | 0% | 2 | 4% | 0 | 0% |

homicide accounted for two-thirds of the violent deaths among the prison releasee group, whereas in the general North Carolina adult population homicide accounted for only one-third of violent deaths (North Carolina Department of Health and Human Services, 2010, 2011) .

Circumstances of Death

Circumstances of homicide deaths (64% of all deaths) were grouped into three major thematic areas: those whose circumstances were a result of argument with individuals not related to the releasee, those whose circumstances were a result of argument with family, and those whose circumstances involved criminal activity. Suicide deaths (30% of all deaths) involved four primary circumstances: suicide in response to risk of reincarceration, suicide in response to relationship problems, suicide with signs of depression, and suicide in response to situational difficulties. Deaths as a result of legal intervention (6%) have been separated from both homicide and suicide. Given the existing research on “suicide by cop” (Lord, 2012) it is not possible to truly identify these deaths as either homicide or suicide. Circumstances of death are summarized in Table 3.

HOMICIDES

The most common circumstance resulting in homicide in prison releasees was engaging in an argument with someone not well known to the individual (34% of all homicides). Most frequently these arguments were with individuals with whom the victim was only acquainted. Narratives based on CDC coding guidelines and requirements gleaned from the medical examiner’s report included examples such as “V(ictim) was reported to have been shot once in the chest by a 26 year old male during an argument. It is unclear what the two were arguing about. They were described as acquaintances.” A

TABLE 3 Circumstances of Death (*N* = 164)

| Circumstance | n | % Total | % Homicide | % Suicide |
|------------------------------------|-----|---------|------------|-----------|
| Homicide | 105 | 64.02% | | |
| Criminal activity | 33 | 20.12% | 31.43% | |
| Engaged in crime | 21 | 12.80% | 20.00% | |
| Victim of crime | 12 | 7.32% | 11.43% | |
| Arguments | 36 | 21.95% | 34.29% | |
| With acquaintance | 15 | 9.15% | 14.29% | |
| In a social setting | 9 | 5.49% | 8.57% | |
| With unknown person | 7 | 4.27% | 6.67% | |
| With friend | 5 | 3.05% | 4.76% | |
| Arguments with someone related | 20 | 12.20% | 19.05% | |
| Boyfriend/girlfriend/spouse | 9 | 5.49% | 8.57% | |
| Family of girlfriend/wife | 6 | 3.66% | 5.71% | |
| Other family member | 5 | 3.05% | 4.76% | |
| No clear information | 16 | 9.76% | 15.24% | |
| Suicide | 49 | 29.88% | | |
| Threat or actual reincarceration | 10 | 6.10% | | 20.41% |
| Problems with girlfriend/wife | 9 | 5.49% | | 18.37% |
| Identified as depressed | 8 | 4.88% | | 16.33% |
| Problems with family/close friends | 7 | 4.27% | | 14.29% |
| Health/pain problems | 6 | 3.66% | | 12.24% |
| No clear reason | 6 | 3.66% | | 12.24% |
| Financial/employment problems | 3 | 1.83% | | 6.12% |
| Legal intervention | 10 | 6.10% | | |

particularly high-risk location seemed to be social settings such as bars, restaurants, and parties, where a number of victims were killed (over three-quarters of the time), shot by an acquaintance. A typical situation was described as “The V(ictim) was shot at his residence during a party ... While V was inside the party he got into an altercation with another male. They went outside to continue the altercation and the V was shot multiple times in the abdomen and lower extremity.”

Slightly less common was homicide following an argument with a relative or partner (19% of all homicides), over one-half caused by a domestic dispute that led to violence. As an example “The V(ictim) and his girlfriend who was the mother of his child were outside arguing outside over their child. V was beating on the [girlfriend] and knocked her to the ground. She got up, went into the house and grabbed a knife and came out and stabbed him.” In a number of cases, the domestic dispute led to the woman calling on a male relative to help her, and the relative was the attacker, such as this case: “The girlfriend had been arrested earlier in the day for drunk and disorderly conduct as well as domestic violence. Upon her release she returned and began to argue with V(ictim). She called her family who came to the home and began to argue with V as well. During the argument the brother fired shots striking V.”

A substantial proportion of homicide deaths were the result of the releasee's connection to criminal activity (31% of all homicides). Most frequently this occurred when the releasee was engaged in criminal activity such as robbery, and was killed when caught committing the crime (20% of homicides). A typical example was this case, where a releasee "and friends broke into an occupied residence with the intent to rob the residence. The group took assorted clothing and jewelry. As they were leaving the home the resident was able to get a firearm and shot at the robbers." Less common was the releasee's homicide as a result of being a crime victim (11% of homicides). In eight cases the releasee was found dead after having been attacked and robbed, in four cases, as a result of a drive-by shooting.

Interestingly, in over 15% of all homicides there was no explanation for the killing. Neither police nor medical examiner's report contained any information regarding the circumstances of death beyond the actual cause of death and where the victim was found. In these cases the victims had no one who could shed any light on the reason for their murder or possible suspects. In over two-thirds of cases, the body was discovered in an isolated location such as cemetery, woods, or deserted street.

SUICIDE

Nearly one-third (30%) of all violent deaths in this study were the result of a suicide. In over 20% of these cases, the circumstance of suicide involved either actual or perceived risk of reincarceration. Perceived risk was sometimes of imminent incarceration, where the releasee chose suicide over surrender, such as in this case: "V(ictim) intentionally shot himself in the face. V was in his home when law enforcement showed up to arrest him for attempted rape ... Law enforcement heard a gunshot and then entered the home." It could also be a less specific risk, such as fear of reincarceration because the releasee had failed a drug test or engaged in some other behavior that would violate parole. One such situation was described in the narrative as "V(ictim) went and laid across the railroad tracks near his residence and was hit by a train ... [He] had recently been released from prison and was having problems with his brother. V didn't want to fight him because he did not want to go back to prison as he was on probation."

In two cases the releasees had already been reincarcerated and were able to commit suicide despite being in custody. One individual hanged himself while in jail. A second individual escaped jail to commit suicide by hanging: "[He] was in jail when he cut his left forearm with a piece of broken glass so he could be taken from the jail to the hospital. Once in the ER the V(ictim) escaped. V was never found until his body was discovered [months after his death]."

For a number of releasees, suicide was precipitated by relationship problems, either with a wife/girlfriend (over 18% of all suicides) or with

family/close friend (over 14% of all suicides). Problems with a wife or girlfriend frequently involved the partner taking out a restraining order against the releasee or refusing to see him. In one typical case “V(ictim) was found outside a home hanging from a tree ... V was not allowed to see his children due to a restraining order which had been taken out ... due to his history of violence.” Problems with family or close friends involved arguments, rejection, and in two cases the recent suicide of a close friend.

Life circumstances such as health problems (over 12% of suicides) or financial problems (over 6%) were also precipitants of suicide. For some releasees, chronically painful conditions such as a back injury or nonhealing fracture were identified as precipitants. In one case the releasee “was found hanging in a building behind a friend’s home. V(ictim) was reported to have been diagnosed with prostate cancer but he refused treatment. He stated he wanted to go out with a bang like a man.” Financial problems involved having lost a job or being unable to find work, and the resultant financial pressures. In one case “The V(ictim) was found at a friend’s house dead from a self-inflicted gunshot wound to the head ... According to the V’s friend ... V was depressed due to his recent job loss and possibly having to move from his current residence due to financial problems.”

In a number of cases there was no precipitating factor identified with suicide (over 16% of suicides) beyond a general identification of the releasee as being depressed. Sometimes narratives reported that a family member or friend stated the releasee “had been depressed lately,” or had expressed suicidal ideation. Other times the individual was identified as having a history or current diagnosis of depression. Of the eight individuals in this category, six were reported to be receiving mental health treatment.

LEGAL INTERVENTION

Death as a result of legal intervention by police was reported in 6% of cases in this study. The circumstances of these deaths all involved the releasee threatening or actually assaulting an officer, with subsequent retaliatory shooting. In 60% of cases, the police officers were investigating or attempting to arrest a releasee. One example of this situation was, “The V(ictim) was reportedly driving a stolen vehicle. V was approached by a police officer and the V tried to run over the officer. The officer shot the V in the back.” In some cases the officer was responding to a report of a domestic dispute, such as this case: “Authorities were called to V(ictim)’s home after a domestic dispute was reported ... When the deputy arrived on the scene V was very intoxicated and would not respond to the deputy’s commands. V was waving a bat which had been used in the fight. The deputy instructed V to put his weapon down. V walked in the direction of the deputy. Before the deputy could cuff V he was struck multiple times with the bat. The deputy used his taser on V with little result. V continued in the direction of the deputy who

fired his pistol.” In several situations the releasee seemed to intentionally antagonize the police officer, such as this circumstance reported by police “V(ictim) was ... involved in a traffic stop. V exited the car and a confrontation occurred between V and the officer. The officer asked V to put his hands in the air and stop. V continued to move in the direction of the officer and was shot multiple times.” These behaviors by releasees raise the possibility of intentionally forcing an officer to shoot, or “suicide by cop,” though determining this is complex and difficult, as has been documented in the literature (Lord, 2012).

CROSS-CUTTING PATTERNS

In addition to the various patterns of circumstances that led to the releasees' deaths described above, two patterns were seen that cut across a range of circumstances. One was the pivotal involvement of substance abuse in the releasees' deaths. This was true for both homicides and suicides. In 50% of the homicide cases the police and/or medical examiner documented that the releasee was under the influence or suspicion of alcohol at the time of death. Typical of these cases is this situation: “The V(ictim) ... was found in front of a pool hall with a gunshot wound to the abdomen. According to reports the V had gotten into a fight and was shot. The V had been consuming alcohol prior to the incident. Toxicology showed the V had a BAC of 100 mg/dl.” Similarly, in about half the cases (46%) the releasees were under the influence or suspicion of alcohol at the time of suicide, excluding those who committed suicide by drug overdose. A friend or family member reported that the releasee had been drinking just prior to committing suicide, such as here: “The V(ictim) was found in the woods hanging from a tree. Per reports V had been talking about committing suicide for the past two weeks ... V had been drinking prior to the incident. Toxicology screen showed the V's BAC was 90 mg/dl.”

A second pattern that cut across homicides in this study was that of the dual role of releasee as both victim and criminal. Clearly, all the individuals in this study were at one time incarcerated offenders and thus criminals who subsequently became victims. But more specifically, in a number of cases the releasees were engaged in a criminal activity at the time of the incident leading to their death, or a criminal activity in which they had engaged in the recent past led to the incident. As noted in Table 3, nearly 20% (21) of homicides occurred while the individual was committing a crime, most frequently a robbery, but also occasionally a drug-related activity. In all 10 cases where the releasee was shot by police the individual was attempting to assault the police officer, who retaliated and shot in self-defense.

In addition to these circumstances, narratives noted that in a number of cases the releasees were engaging in assaultive actions with people other than police when they were killed. In 12 cases (11% of homicides) the

releasee was attempting or threatening to harm someone. In nearly all cases this was the person who ultimately killed the releasee, as in the following case: “V(ictim) was reported to have gone to the home of his brother with a handgun. The two began to argue and V pointed the handgun at his brother who in turn retrieved a revolver and fired once striking V in the neck.”

In several cases (five, or nearly 5%) the releasee had committed a crime in the recent past, which resulted in retaliatory violence. This could include domestic violence, such as this case: “It was stated that V(ictim) had not physically hurt S(uspect) in this incident, but had hit her ... prior,” or non-domestic assault, such as this situation: “V(ictim) was seen arguing with a 24 year old male when he was shot ... believed to have been related to an assault that occurred earlier that night. V had been named the suspect in that assault.” On two occasions it was the result of prior robbery, such as the situation where “S(uspect) confronted V(ictim) over a recent incident where her home had been broken into and items stolen. She felt that V had been responsible for the incident ... ”)

In all, in 38 of the homicides (36%) and all 10 of the police shootings the releasee had engaged in a criminal action that precipitated the homicide. Thus it can be seen that across a range of homicide circumstances the releasee played the dual role of victim and criminal.

DISCUSSION

Social workers and other helping professionals working in mental health, substance abuse, or other healthcare and social service settings will have prison releasees as part of their client population. Aside from the financial, relational, and healthcare concerns, the time immediately following release is full of risks for releasees, many of them life-threatening. For released prisoners the risk of relapse and overdose on illicit drugs is greater than for the general population (Calcaterra et al., 2011; Kariminia et al., 2007). The risk of return to criminal activity is also high (Harding et al., 2011). Finally, as our study confirms, rates of death from violent causes are high postrelease (Binswanger et al., 2007).

Although there is consensus in the literature that the time postrelease is difficult and dangerous, with a particularly high risk for violent death, research has yet to explore the immediate contexts and circumstances associated with this negative outcome. Our goal in this study was to gain an understanding of the characteristics of the violent death of released inmates and the nature of the circumstances surrounding their deaths. Through this analysis, we begin to attempt to understand how, where, and why people recently released from prison die violently, and to consider how this understanding might inform future social work interventions with prisoners postrelease.

Findings in this study confirmed prior research indicating that recently released prisoners have higher rates of violent death than the general population. Our study also begins to paint a picture of the releasees' life context upon re-entry. For releasees who were homicides, this is a high-risk context that is filled with rapidly-escalating conflict and that is riddled with ongoing criminal activity. In our study, homicides primarily revolved around one of two situations—either altercations/arguments with others or additional criminal activity. Altercations with people known to the victim were common. For situations where the attacker was closely related to the victim the majority of arguments were about the relationship itself, such as a domestic dispute. In these cases altercations moved rapidly from anger to violence and fatal action. Over half the time, the escalation from anger to violence was fueled by two additional contextual factors—the presence of substances and the presence of firearms. In nearly half of the homicide cases, the victim or others involved were engaged in or suspected of substance use and used a firearm. Disinhibition and impulsivity as a result of substances and easy access to rapid lethal response via firearms seemed to create situations where what could simply have been a verbal altercation escalated rapidly to deadly violence.

The findings of this study support previous claims of a strong relationship between offending and victimization risk (Pizarro et al., 2011). In our study we discovered that over one-third of homicides were linked with actual or suspected criminal activity. We found that 20% of the homicides reported in this study happened when the victim was engaged in reoffending activities such as robbery, or was thought to have recently committed such a crime, and was killed. In situations outside of specific criminal activity such as robbery, another 10% of the victims had initiated aggression that resulted in their deaths. Thus the roles of victim and offender/aggressor overlapped in our findings, suggesting that in the contexts to which releasees return distinctions between offender and victim are blurred. Attempting to distinguish a releasee as a “victim” versus an “offender” may be moot and not helpful when designing programs to reduce violent death among former inmates.

Previous studies suggest that the relationship between offending and victimization risk is at least in part related to neighborhood characteristics, culture, and lifestyle (Berg et al., 2012; Pizarro et al., 2011; Ezell & Tanner-Smith, 2009). In our study, the data revealed very little about neighborhood culture experienced by the victims beyond the immediate context surrounding the violent death. The only broader neighborhood information available concerned the location of violence. A number of the homicides in our study happened in public settings, including parking lots, alleyways, and side streets; suggesting that in these neighborhoods public social settings are places where arguments and violence are common. It is impossible to assess from this study what, if any, effect neighborhood culture had on these

individuals. However, findings hint at situations where offenders return to neighborhoods where they both engage in and are victimized by substance use, gun use, aggression, and criminal activity. These elements become overlapping risk factors for violent death. Additional research in this area will be important to fully understand the interplay and dynamics of these factors.

This study confirmed findings in the literature that show that recently released prisoners are at a higher risk for suicide than the general population (Pratt, Appleby, Piper, Webb, & Shaw, 2010). Nearly one-third of all violent deaths in this study were the result of a suicide. Our analyses revealed that these deaths were precipitated by several stressors, which the victims seemed unable, or ill-prepared, to handle. Perhaps most striking were cases where releasees were unable to cope with the possibility of a return to incarceration. Related to this were cases where releasees died as a result of legal intervention. These situations may have been “suicide by cop,” but we are unable to determine this from the data. The finding that for some former inmates death was preferable to a return to prison or to submission to a police officer hints at deep trauma associated with incarceration that deserved further investigation.

Less surprising was the finding that many suicides were precipitated by relationship problems. Relationship issues experienced by recently released prisoners are well documented. Family tensions and alienation resulting from inmate hurtful actions, physical distance and lack of visitation, and other tensions do not resolve upon release (Christian, 2005; U.S. Department of Justice, 2013). Partner and spousal relationships fare poorly postrelease, with only 3% to 5% remaining together 1 year after the spouse’s release (Caan, Draine, Frazier, & Sinha, 2008). Our findings, showing the role that relationship problems play in postrelease suicide, suggest that addressing relationship issues prior to release may be a beneficial part of release planning.

STUDY LIMITATIONS

This study was preliminary and exploratory, examining the rates and circumstances of death among prison releasees in one state using several secondary data sources. There were, therefore, a number of study limitations. Because the NC-VDRS provided narrative summaries based on the information obtained from the medical examiner and police reports, there are likely times in which we did not have the “whole story” regarding the events that led to each former inmate’s death and may be missing details salient to our study question. In some cases neither police nor medical examiner had the “whole story” in regards to the circumstances leading to the death. Additional data regarding circumstances surround the death (e.g., details regarding relationship problems, more information regarding the nature of the altercations

resulting in violence, information regarding mental health treatment) would have greatly enriched the study. Additional unavailable data included information regarding the communities to which these releasees returned. This information would have helped to provide a fuller context for the violent events and allowed us to further explore the neighborhood culture and characteristics which have been identified in the literature as important considerations in violent victimizations.

This study was also limited geographically, confined to violent events in one state. As a result, the sample size was not large and represented only a small subset of the violent former prisoner deaths in the United States. Further, the violent death reports from the NC-VDRS are limited to fatalities within North Carolina. We are unable to include individuals released from North Carolina prisons who died outside of North Carolina. Because of the limited size and geography, findings from this study may not be generalizable and should be interpreted with caution.

Despite these limitations, this is to our knowledge the first study to examine the details and circumstances of violent deaths among ex-prisoners in the United States. It begins to provide a picture of the stresses, the challenges, and the dangers faced by former inmates upon return to the community. Thus this work can begin to inform practice regarding prisoner re-entry and community integration.

IMPLICATIONS FOR PRACTICE

This study provides useful information that can begin to inform social work practice in a number of ways. As social workers, we are dedicated to social justice and enhancing individual potential. Though the number of violent deaths in releasees over the 3-year period examined was not high, all inmates deserve re-entry plans, supports, and services that will maximize their success in the community and minimize their risk of harm. Our findings suggest several areas where prerelease and postrelease interventions could decrease releasee risk of harm. Given the high rate of death following violent arguments, an increased emphasis on building conflict management skills and coping skills while incarcerated could be beneficial. Related to this, relationship skills and a realistic assessment of the nature of the relationships to which the releasee will return could be of great benefit. Helping a prisoner make a realistic assessment of the stress that may result in returning to an uncertain relationship may avert arguments leading to violence and disappointment leading to suicide.

The threat of reincarceration resulted in a number of suicides in our study. This drastic response to prison return suggests that for some more vulnerable individuals incarceration was particularly traumatic and the possibility of return an unbearable threat. Careful assessment of levels of prison-related

trauma in inmates prior to release, with appropriate intervention when significant trauma is identified, may reduce the risk of suicide upon threat of reincarceration. In addition, conversation regarding ways to address this possible risk, including things as basic as avoiding additional criminal activity, talking with police rather than attempting escape, and knowing how to contact a supportive advocate if arrested, may be of benefit.

The high proportion of violent events involving substance use or suspicion of alcohol use underscores the importance of effective substance abuse treatment prior to release, with uninterrupted service upon return to the community. Social workers should both work to ensure the provision of these services, and to advocate for additional substance abuse services in the community accessible to releasees. Though little information was available regarding releasee mental status and involvement in mental health services in our study, the number of victims identified as “depressed” or where no known precipitant for suicide was identified would suggest that a similar need for mental health screening and treatment pre- and postrelease are needed.

Finally, our study revealed a high-risk context for prison releasees that included violence, substances, firearms, and communities where victim and offender roles overlap and blur. These are systemic issues that cannot be addressed at the individual level. Thus social workers must consider neighborhood and community-based interventions to address community needs and decrease the risk of violence for releasees and all community members.

IMPLICATIONS FOR RESEARCH

Clearly, more work needs to be done to understand the circumstances and conditions surrounding violent deaths in inmates postrelease. We need additional information on the relationships, material conditions, and neighborhood characteristics to which releasees return, greater understanding of releasees’ coping skills, psychological state, assumptions and expectations upon release, and how these factors interact to result in a releasee’s involvement in risky and potentially violent situations. It is also important that we gain greater understanding of the factors associated with the victim–perpetrator phenomenon.

One particular area where additional research is needed is in the area of death as a result of legal intervention (i.e., police use of lethal force). Though studies have been done in this area, additional understanding of the dynamics of this phenomenon are needed. This is essential to better prepare police and to develop strategies to decrease the risk of legal intervention leading to death.

Given the difficulties in researching prison releasees, this research will be challenging. Next steps could involve qualitative interviews with

witnesses and survivors who knew releasees who died violently, as well as ethnographic studies of the communities in which they live. Both would provide additional information regarding the internal conditions and environmental context in which releasees died. In addition, quantitative studies examining cohorts of released prisoners and the subset of these who died violently would help identify risk factors associated with elevated risk of homicide or suicide upon release. This information can then be used to develop programs to target high risk individuals for pre-release services.

CONCLUSIONS

Violent deaths occur at high rates in prison releasees. The majority of these violent deaths involve firearms, intoxication, altercations, and relationship problems with others, threat of reincarceration, and additional criminal activity. These findings highlight the need for better preparation for inmates prior to release. The many complex challenges facing prisoners upon release indicate a need to consider violent death within the wider framework of ex-prisoners experiences. There is an immediate need for further research to identify risk factors for violent death that can be lowered and to re-evaluate transitional programs to support reintegration and reduce preventable death in this vulnerable group. This is essential to ensure a true second chance for releasees, to prevent the pain and suffering of lives lost in their loved ones, and to ameliorate the system for all prison releasees, many of whom face the same challenges but who somehow are managing, day to day, to survive.

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