

REENTRY CHALLENGES FACED
BY THE WRONGLY CONVICTED

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"A courtroom is not a place where truth and innocence inevitably triumph; it is only an arena where contending lawyers fight not for justice but to win."

~ Clarence Darrow

Introduction

In August of 1992, Ray Krone was sentenced to death row for the rape and murder of Phoenix, Arizona bartender, Kim Ancona. In April of 2002, Krone walked out of prison after ten years of incarceration. For two of those ten years, Krone was on death row (Krone, 2002). Krone's 1992 sentence was overturned by the Arizona Supreme Court in 1995 and a new trial was ordered. Krone continued to have faith that the truth would be discovered and he would be released (Cieslak, 2004: p. A1), however, the second jury also found Krone guilty and he was sent back to prison with a life sentence. Six years later, deoxyribonucleic acid (DNA) evidence conclusively eliminated Krone as the perpetrator of the crime and he was exonerated and released. As a man in his mid-forties, Krone was forced to "start his life all over again" (Cieslak, 2004: p. A1). Although he had worked for the United States Postal Service prior to his conviction, he knew that it would be difficult to get his job back (Armour, 2004). How do you explain to prospective employers that while you spent ten years in prison, you were actually innocent? Krone has now become a public speaker in support of abolishing capital punishment. He notes that the hours are long and the compensation is minimal, but says he is determined to get his message out (Cieslak, 2004). Given that he was the 100th person in the United States to be exonerated based on DNA identification, Krone has also received a great deal of media attention (Krone, 2002).

From 1989 through 2003, exonerations have become more frequent (Gross *et. al.*, 2005). Wrongful conviction in the United States has a history which dates back at least to the 19th century (Borchard, 1932; Radelet *et. al.*, 1992; Warden, 2005). In fact, Radelet *et. al.* (1992) have identified 350 cases in which they believe the defendant was wrongfully convicted from 1900-1985. More recently, within a fifteen-year period from 1989-2003, over 300 people have been exonerated, 144 were exonerated based on DNA information (Gross *et. al.*, 2005). As of July 2007, a total of 205 DNA exonerations have occurred since 1989 (www.innocenceproject.org). The first DNA exoneration, that of Gary Dotson, occurred in August 1989 (Gross *et. al.*, 2006). Dotson's release from prison in 1989 marked the beginning of DNA exonerations in the United States. Given that there is currently no national institution set up to review wrongful conviction cases, the true extent of wrongful convictions is unknown. It therefore seems reasonable to presume that the actual number of wrongful convictions is much higher than the current statistics indicate. The most recent estimate of the conviction error rate has been established by D. Michael Risinger (2006: p. 15) as being between 3.3 and 5% of capital rape-murder cases. Utilizing known wrongful convictions in the 1980's, Risinger determined that the minimum error rate in capital-rape murder cases for that time was 3.3% (p. 15). According to Risinger, this error rate may not be applicable to other time periods or other types of criminal cases. It is impossible to create an error rate that applies to all felonies (p. 21). His analysis of wrongful convictions suggests that the error rate for other violent crimes¹ is at least 3.3% (p. 21). Although the current number of exonerees

¹ Risinger's empirical analysis was conducted utilizing only those cases in which a defendant was wrongfully convicted of at least one rape and murder. He suggests that the rate of 3.3% is also relevant in non-capital homicides and interpersonal violent crimes (i.e. robbery). He further suggests that wrongful convictions are less likely in white collar criminal cases and in crimes of contraband possession (p. 21).

is small in relation to the entire criminal population, the number has grown significantly in recent years. For those who have been exonerated, the effects of wrongful imprisonment often last for years after their release.

David Quindt,² who was exonerated after spending 14 months in prison for a robbery and murder he did not commit, has remarked that he is often awakened after nightmares to find himself soaked with sweat. When he passes law enforcement officers, he feels overcome with fear (Vollen & Eggers, 2005: 112). This fear is so great that Quindt physically ran away from a job after seeing an investigator who had worked on his case at his place of work. Other exonerees also find that they isolate themselves from much of the world (Boggan, 2000; Grounds, 2004: p. 171; Vollen & Eggers, 2005, p. 111). For instance, Gary Gauger³, who was sentenced to death in 1994 for the murder of his parents, says he doesn't leave his home unless he is forced to do so. He avoids contact with people and never answers his own phone (in Vollen & Eggers, 2005: 111). Some exonerees have vivid reminders of life in prison. For example, 11 years after his release, Gerry Conlen,⁴ who served 15 years in a British prison for pub bombings (Boggan, 2004; Johnson, 2005) still hears boots walking towards his prison cell and recalls watching another inmate kill himself (in Boggan, 2000). Unfortunately, these examples are far too common. Upon release many exonerees are not given enough money to transport themselves to their homes (Lopez, 2002: p. 669). These men are often forced to depend on family members or friends for support. For example, after being released in 2002, Ray

² Quindt became a suspect after a shooting victim identified him as the attacker. He was exonerated after the actual perpetrators were identified (Ricci, 2004).

³ Charges against Gauger were dropped in 1996 after the Second District Illinois Appellate Court found that his confession should not have been admissible in court. Without his confession, the prosecution had no evidence linking Gauger to the crime. In 1997, two Wisconsin motorcyclists were indicted for the murders (Green, 2000; Center on Wrongful Convictions, 2002).

⁴ Conlon and three others were acquitted in 1989 when authorities concluded that their confessions had been coerced and exculpatory evidence had been suppressed (Johnson, 2005).

Krone returned to his home town in Pennsylvania after finding himself homeless and penniless after his exoneration.

Statement of the Problem

In this study, I argue that for exonerees wrongful conviction is a form of torture. A review of the literature relevant to torture will illustrate numerous similarities between torture survivors and exonerees. As a form of torture, wrongful conviction has been found to have numerous lasting effects on those who find themselves incarcerated for a crime they did not actually commit. Although the effects of torture have been studied extensively, the effects of wrongful conviction in particular have been not yet been identified. As such, I will focus on the effects of wrongful conviction. Specifically, I will attempt to take a step towards achieving a more complete understanding of the ways exonerees experience life after their release from prison. Given that the number of wrongful convictions is expected to continue to increase (see Scheck *et. al.*, 2003), my study will be useful in addressing the ways exonerees might be provided with necessary resources after their release. In addition, this study will add to the scant body of research concerned with exoneree's lives after their release from wrongful imprisonment.

To date, only two studies (Grounds, 2004; Campbell & Denov, 2004) have investigated the psychological effects of wrongful conviction. Robert Simon (1993: p. 527) investigated three cases of false arrest and imprisonment and found that even short-term wrongful imprisonment is psychologically traumatic for those who are erroneously arrested. However, Simon's work was directed at false imprisonments that were corrected within 24 hours. His research is helpful all the same because it illustrates the effects of short-term wrongful arrest. Adrian Grounds (2004) describes the results of

long-term wrongful imprisonment. Grounds carried out psychiatric assessments of 18 men who had been wrongfully convicted. The results of these assessments indicated that most of the men suffered from enduring personality change, post traumatic stress disorder (PTSD), depressive disorders and other forms of psychological and physical suffering (pp. 168-169). Campbell and Denov (2004) conducted a qualitative study with 5 Canadian exonerees to identify the experiences of wrongful imprisonment. The authors found that those who were wrongly convicted experienced prison life in a different way from those inmates who had actually done the crime for which they were serving time. This was largely due to: maintaining their innocence while in prison, and having an uncertain release date.

Given that wrongful conviction research has recently developed and expanded, we are now better able to understand the causes⁵ and possible remedies for wrongful conviction. Additionally, numerous scholars have made recommendations for reducing the likelihood of wrongful conviction. However, what is missing in the wrongful conviction research is any attempt to understand how to successfully assist those who have been exonerated. Recently, monetary compensation for exonerees has been advocated for (see for example, Huff *et. al.* 1996; Bernhard, 1999; Lopez, 2002; Armbrust, 2004). Although monetary compensation is beneficial for exonerees, by itself, it is insufficient for successful reintegration into society. This is because upon release exonerees often have no appropriate work skills or have large gaps in their employment

⁵ In their review of the scholarly research related to wrongful conviction, Schehr and Sears (2005) identify the eight variables that consistently lead to wrongful convictions as “eyewitness testimony, snitch testimony, police and prosecutorial misconduct, false confessions, junk science, ineffective assistance of counsel, race/ethnicity, and confirmatory bias” (p. 184). For a complete discussion of causes and remedies, see Radelet *et. al.*, 1992, Huff *et. al.*, 1996; Scheck *et. al.*, 2003.

history (see for example Armbrust, 2004: 175; Armour, 2004; Ricci, 2004, Vollen & Eggers, 2005: 260). When exonerees explain that their history of unemployment was caused by their imprisonment, employers are frequently reluctant to hire them (Armour, 2004). Additionally, state compensation is difficult to receive partly because currently only 21 states and the District of Columbia have statutes that allow compensation following wrongful conviction (The Innocence Project, 2006)⁶. For those exonerees who live in a state without a compensation statute, there is no avenue for seeking monetary payment from the government (Bernhard, 1999). Some exonerees file civil rights lawsuits in an attempt to receive compensation. However, these lawsuits are generally difficult for exonerees to pursue successfully (Armbrust, 2003: p. 161). Even when compensation is a legal option, only 37% of exonerees receive it (Scheck *et. al.* in Lopez, 2002: p. 673). Additionally, those who receive compensation generally spend the money quickly (Armbrust, 2004: 173).

When released, many exonerees are not provided with the same opportunities that are made available to parolees (for example see Scheck 2003: 289; Armbrust 2004: 175; Ricci, 2004; Grounds, 2004: 170-171; Vollen & Eggers, 2005: 261). For instance, when David Shepard⁷, who spent eleven years in prison for a rape he did not commit, was exonerated and released, he called four different agencies that were designed to assist ex-offenders (Scheck *et. al.*, 2003: 289-290). He was denied aid from each agency on the grounds that he had not actually committed the crime. Another factor in adjustment for exonerees is that many find that the world has changed significantly during the time they

⁶ The following states have some type of compensation statute: Alabama, California, Illinois, Iowa, Louisiana, Maine, Maryland, Massachusetts, Missouri, Montana, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Tennessee, Texas, West Virginia and Wisconsin.

⁷ David Shepard was exonerated and released from prison in 1995 after DNA evidence provided conclusive evidence that he was innocent (Scheck *et. al.* 2003).

were incarcerated. For instance, technological advances are not observable through prison walls and cell phones and automated teller machine (ATM) cards are often confusing to those who have never seen one before. The lack of skills assumed self-evident for most for survival in the modern world have the effect of making make some exonerees experience feelings of humiliation (Grounds, 2004). David Shepard, for example, refused to use the ATM because he was afraid that the machine would take his card and was too embarrassed to ask for help (Armbrust, 2004: 176). An exoneree who was interviewed by Grounds (2004: p. 171) in his study of long term wrongfully convicted exonerees explained the he sometimes felt like a stroke victim because he had to “be taught how to do things again.” Another exoneree described his experience by saying he felt he had been released into “another planet” (Center on Wrongful Convictions, 2002).

Without any government help in finding employment or a place to stay, many exonerees are forced to depend on family members and friends in order to survive (Boggan, 2000; Cieslak, 2002; Armour, 2004). After 12 years in prison for a crime he did not commit, Ray Krone was given \$50 at the time of his release (Armbrust, 2003: p. 158). He had no job and no home and was forced to move in with his mother (Cieslak, 2004). Michael Graham⁸, convicted on 1986 of robbing and murdering an elderly couple in Louisiana, walked out of death row after over 13 years of wrongful incarceration. The state provided him with ten dollars and an oversized denim jacket (Lopez, 2002: 669).

⁸ Michael Ray Graham, Jr. was convicted largely because of snitch testimony (Lopez, 2002: 666). After several witnesses recanted and prosecutorial misconduct was uncovered, Graham’s attorneys requested a new trial. The appellate judge ordered another trial, but the case against Graham was dismissed before the second trial was held.

Graham was only able to arrive home because his attorneys purchased a bus ticket for him.⁹

After being incarcerated for long periods of time, many exonerees have difficulty adjusting to freedom. Some say they maintain the habits they were accustomed to while incarcerated (see Grounds, 2004: 171). This may seem natural for an exoneree, but for friends and family members these habits are often upsetting. For example, isolating one's self from others is generally an adaptive behavior while in prison, but is considered maladaptive within a family setting (Grounds, 2004: 171). For some exonerees the desire to spend their time alone arises out of fear. Gary Gauger, for example, says he is afraid of communicating with his sister even though she has always supported him (see Vollen & Eggers, 2005: 111). Additionally, nightmares and vivid reminders of their wrongful conviction and incarceration prevent many exonerees from leading normal lives. Ray Krone, for example, is plagued by sleeplessness and nightmares (Cieslak, 2004), while Gary Gauger says he screams when he is reminded of what he has been through (Vollen & Eggers, 2005: 111). Gerry Conlon recalls the nightmares he experiences concerning the violence he endured during his incarceration (Boggan, 2000). These examples are not uncommon for those who have been wrongly convicted.¹⁰ Financial compensation is only a small part of the significant and all encompassing effect of wrongful conviction and, while some exonerees have received compensation, money alone does not provide sufficient redress for the many problems and adjustment following release from wrongful imprisonment.

⁹ Testimony of Michael Graham before the United States Senate in support of the Innocence Protection Act, 2001.

¹⁰ For more examples see Simon, 1993 and Grounds, 2004.

In my study, I will propose appropriate methods for assisting exonerees in their struggle to readjust to life outside of prison. Insights gained from interviews with those who have been wrongfully convicted will assist with the goal of determining the psychological effects of wrongful imprisonment.

Review of the Literature

This analysis commences with a review of scholarly analysis of the effects of incarceration on inmates (see for example Haney, 2002; Stanko *et. al.*, 2004; Haney, 2005; Jacobi, 2005: p.468; James & Glaze, 2006: p. 2). However, relying solely on the incarceration literature is insufficient because it fails to adequately address the issues faced by exonerees. In order to establish a knowledge base regarding the effects of wrongful conviction, it is important to take into account the effects of torture.

To better understand life after exoneration, I will locate it within the far more thoroughly developed literature assessing torture victims. The literature on torture rehabilitation is a valuable tool for my study because it brings to light some of the potential effects of wrongful conviction. This is not a novel approach as this literature has also been employed by other scholars who have studied the ways in which exonerees experience life after exoneration (see for example Grounds, 2004; Vollen & Eggers, 2005). Grounds (2004: p. 175) has argued that the experiences of exonerees after they have been released are similar to those of people who have returned from war, and for former prisoners of war (POWs). For example, the following narrative provided by an exoneree closely resembles the frustrations voiced by a former political prisoner:

“The judge quashes your conviction and you feel elated, but then you emerge with no money, no accommodation, no health care, no counseling, nothing to equip you for the place you have been away from for so long” (Statement made by an exoneree in Boggan, 2000).

“Going crazy to get out of prison, [then] here I am standing in my own living room, looking out the window saying ‘what will I do now?’”
(Statement made by a former political prisoner in Grounds & Jamieson, 2003: p. 355).

Both of these statements illustrate the anticipation of being released from imprisonment, as well as the confusion that both exonerees and prisoners of war experience once they are free.

Accounts of life after being released are also similar for exonerees and torture survivors. Just as Ray Krone admits to having sleepless nights and suffering from nightmares (Cieslak, 2004: A1), a torture survivor from Uganda relates how even years after his release, he suffers from nightmares and sleeplessness due to fear (Conroy, 2000: p. 181). Such similarities in experience between the effects of torture and the effects of wrongful imprisonment help establish a framework from which recommendations can be made.

History and Purposes of Torture

In this section, I will review the existing torture literature. In an attempt to provide a thorough examination, I will discuss several different aspects of torture, including: the history and goals of torture, methods of torture, the coping mechanisms used by torture victims, and the effects of torture on its victims and their family members. For the purposes of my study, torture is defined as “the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason”¹¹.

¹¹ Amnesty International in Jaranson, 1998: p.17

Torture has a history dating back to ancient Greece and Rome (Suedfeld 1990: p. 5; Forrest, 1996: p. 21; Conroy, 2000: p. 27). One of the main components of torture is imprisonment, (Gerrity *et. al.*, 2001: p.7; Mollica 2004: p. 6) and although the methods and tools used by perpetrators have changed over time, the goals of torture have remained constant (Conroy, 2000: p. 27). The extraction of information or the achievement of a confession has long been one of the primary goals of torture (Suedfeld, 1990: p. 5; Peters cited in Forrest, 1996: p. 21; Jaranson, 1998: p. 17; Conroy, 2000: p. 27). Other goals include: controlling people (Combs, 2003: p. 80), punishing the victim, changing the victim's beliefs or loyalties, and intimidating a community (Conroy, 2000: p. 27). In addition, torture may be carried out in an attempt to: humiliate and weaken the victim, destroy the victim's personality (Jaranson, 1998: p. 17), break the will of the victim (Stover & Nightingale, 1985: p. 5), gain power over others, or silence opposition (McCullough-Zander & Larson, 2004: p. 56).

In interviews, torturers themselves have identified the psychological goals of torturing others. For instance, Hugo Garcia, a Uruguayan torturer, explains that forcing victims to wear a hood is done for two reasons: first, it prevents victims from identifying the torturers and second, it causes the victims to "eventually lose reality" (in Conroy, 2000: p. 103). Garcia also recalls how psychological torture was sometimes carried out through mock executions (p. 104), which have been shown to cause severe mental anguish (p. 35). The psychological aspects of torture have been recognized since at least the 15th century, when the first handbook for torturers, *Malleus Maleficarum* [*The Hammer of Witchcraft*] was published in 1486 (Sprenger & Kramer cited in Suedfeld, 1990: p. 5). In this handbook, the authors suggest "keeping the accused in a state of

suspense, and continually postponing the day of examination” (p. 5). For some torture victims, the psychological aspect of the torture is more difficult to endure. For example, some victims have signed confessions after being told they could sleep without interruption once certain documents were signed (Conroy, 2000: p. 34). Given that these victims were sleep deprived for several days, they signed whatever documents they needed to just so they would be allowed to sleep (p. 34).

One of the main components of torture is imprisonment (Gerrity *et. al.*, 2001: p. 7), which for victims includes being subjected to a variety of torture methods (Suedfeld, 1990: pp. 8-10; Jempson, 1996: p. 6; Jaranson, 1998: p. 18; Conroy, 2000; Combs, 2003: p.80; McCullough-Zander & Larson, 2004: p.61; in Mollica, 2004: p.6). This table illustrates the most common forms of torture but is by no means exhaustive.

Table 1.1 Common Methods of Torture*
<ul style="list-style-type: none"> • Beatings with hands or objects (such as rifle butts or clubs) • Electric Shocks to sensitive body parts • Hanging by the arms, legs, or shoulders • Sexual humiliation and rape • Burning with cigarettes, hot water, or acid • Exposure to environmental extremes (such as very high or low temperature) • Being forced to stand for extended periods of time • Being forced to stare at the sun • Having one's head submerged in water or excrement • Mock execution (for example, having an empty gun fired at one's head) • Threats of violence to loved ones • Being forced to watch or participate in the torture or death of others, including loved ones • Forced Nakedness • Not being allowed the use of a toilet • Solitary confinement or overcrowding • Exposure to continuous noise • Sleep deprivation • Being forced to remain with dead bodies • Repeated interrogations conducted at random and unpredictable times

Coping Mechanisms

When faced with the reality of being tortured, a victim may think “this can’t be happening to me” (in Jempson, 1996: p. 77; Cohen, 2001: p. 14). When confronted with a situation too painful to comprehend, torture victims are often able to maintain their sense of dignity by denying that the situation is actually happening at all (Cohen, 2001: p. 49). This disbelief is a psychological response to a traumatic or life-threatening event and can help the torture victim adapt to his or her situation (p. 49). The coping mechanisms used by torture victims vary. Some victims are simply defiant, while others retreat into their own mind where fantasies keep them focused on a less threatening situation (Conroy, 2000: p.172). These fantasies may prevent torture victims from what Ehlers *et. al.* (2000) refer to as mental defeat. According to the authors, “mental defeat is defined as the perceived loss of all autonomy, a state of giving up in one’s own mind all efforts to retain one’s identity as a human being with a will of one’s own” (p. 45).

Mental defeat is also related to humiliation since feelings of mental defeat can occur during moments when a torture victim feels humiliated (Ehlers *et. al.*, 2000: p. 46). Humiliation is one of the tactics commonly used by torture perpetrators, and can cause victims to lose their sense of self will and (Conroy, 2000: p.35). For instance, a holocaust survivor recounts how some of his fellow prisoners used coffee to wash themselves because they were not allowed to bathe. Those victims who gave in to the humiliation of remaining dirty, and failing to wash themselves each day, died soon afterwards (p. 35). Any planning a torture victim engages in likely protects him or her from the full impact of the uncontrollable situation he or she is in (Ehlers *et. al.*, 2000: p. 46). For example,

planning an escape attempt or retaliation will help victims feel that they have some control over the situation they are in, even if they do not carry out any such plans.

Torture victims who forfeit their sense of will and submit to humiliation and mental defeat will likely suffer more severe symptoms of post traumatic stress disorder (PTSD) upon release from imprisonment (p. 51). PTSD is an anxiety disorder that results from

“exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death, injury experienced by a family member or other close associate” (American Psychiatric Association, 1994: p. 424).

Symptoms of PTSD include “persistent re-experiencing of the event, persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness and persistent symptoms of increased arousal” (APA, 2000). Ehlers *et. al.* (2000) found that mental defeat predicted the presence and severity of PTSD for torture survivors following their release (p. 51). Further, mental defeat was unrelated to the severity of maltreatment the study participants experienced while imprisoned (p. 51). Basoglu *et. al.* (2001: p. 42) have further suggested that for some victims, the frequency and length of torture does not necessarily predict the consequences he or she will experience once released. In other words, once a certain threshold of torture has been reached, subsequent acts will not have an additional affect on the victim (p. 42).

Effects of Torture

Studying the effects of torture on its survivors has been difficult for a number of reasons (Conroy, 2000: p. 178; Jaranson *et. al.*, 2001: p. 249; McCullough-Zander 2004: p. 56; Basoglu *et. al.*, 2001: p. 37). Given that each torture victim is subject to different

torture methods, and to different periods of imprisonment, the physical effects of torture cannot be predicted for each survivor (Conroy, 2000: p. 178). Physical sequelae¹² are dependent upon the type of torture a victim endured (Forrest, 1996: p. 115; Basoglu *et. al.*, 2001: p. 37). For example, abdominal trauma can cause the liver and kidneys to rupture, whereas hanging may cause dislocation of the vertebrae (Basoglu *et. al.*, 2001: p. 37). In addition, cultural differences may dictate how a victim responds to his or her torture (Conroy, 2000: p. 178; Jaranson *et. al.*, 2001: p.250). Although it is impossible to predict a specific effect of torture on a victim, it is clear that a majority of torture survivors experience psychological problems for years after their release (Conroy, 2000: p. 179). The most common psychological disorders found in torture survivors are depression (Mollica, 3004: p. 7) and Post Traumatic Stress Disorder (PTSD) (Jaranson *et. al.*, 2001: p. 253; McCullough-Zander & Larson, 2004: p. 57). Some torture survivors also report having physical pain, even though the source of such pain is unidentifiable. This is referred to as somatization and is defined as “the physical expression of psychological needs” (McCullough-Zander & Larson, 2004, p. 57). The physical manifestation of these needs is often displayed in various ways. A survivor may report having gastrointestinal problems, headaches, or back pain. Somatization is a long-term consequence of torture for many survivors (Jaranson *et. al.*, 2001: p. 255; Mollica, 2004: p. 7), and has been reported as such in studies of torture victims (in Laurence, 1992: p. 314; Basoglu *et. al.*, 2001: p. 39; in McCullough-Zander & Larson, 2004: p. 57). These manifestations do not disappear until the emotional issues are resolved. Other effects of torture are often grouped into three different categories: psychological, cognitive, and neurovegetative. These symptoms are demonstrated by: depression or anxiety, confusion

¹² Pathological conditions resulting from a prior disease, injury, or attack (www.medterms.com, 2007).

or impaired memory, and insomnia or sexual dysfunction, respectively (Basoglu, 2001). Torture survivors and their families also report that the survivor has a marked change in personality (Ehlers *et. al.*, 2000: p. 49; Grounds & Jamieson, 2003: p. 350). For instance, the wife of a torture victim tells a nurse that “her husband used to be a happy person who enjoyed life” (McCullough-Zander & Larson, 2004: p. 54). Some torture survivors can recognize that their personalities have changed. Orlando Tizon, who was imprisoned in the Philippines for over 3 years, for example, reports that he is a different person than he was before his political imprisonment (Tizon, 2001: p. 465). After his release, he found that he had trouble relating to his friends and family members and “had no emotions” (p. 465).

The psychological difficulties that torture survivors experience can be exacerbated by the social and economic difficulties they face (Basoglu 2001: p. 46). For example, PTSD and depression can cause social disability and make finding employment difficult (p. 46). Some survivors exhibit behavior that is intended to avoid reminders of the trauma they endured. Such avoidance behavior has been shown to be the “primary cause of disability in work, social, and family functioning” (p. 46). Some survivors say that they have difficulty in accepting the authority of the workplace, and others find that they are discriminated against due to their imprisonment history (in Grounds & Jamieson, 2003: p. 355). In addition, personal relationships are often difficult for survivors to maintain (Basoglu *et. al.*, 2001: p. 46; Tizon, 2001: p. 465; Grounds & Jamieson, 2003: p. 355). One survivor recalls how he felt as if he did not “fit in” with the rest of the community:

“I didn’t fit in anywhere. [Others]....had moved on big time....they seemed to be coming to the end of something that I was only

beginning.....there was no common ground between us” (statement made by a torture survivor in Grounds & Jamieson, p. 355).

This statement illustrates how some survivors experience their community after their release. Survivors also report that they have difficulty relating to family members and friends and developing trust with other people (Basoglu, 2001: Jaranson, 2001: p. 255; p. 46; Tizon, 2001: p. 465; Grounds & Jamieson, 2003: p. 355; McCullough-Zander & Larson, 2004: p. 61). Anger, irritability, and an inability to experience intimacy can also be problematic within the family setting (Basoglu, 2001: p. 46). Other problems faced by torture survivors include: a feeling of alienation from others (Ehlers *et. al.*, 2000: p. 52), personality changes (Ehlers *et. al.*, 2000: p. 49; Grounds & Jamieson, 2003: p. 356), and substance abuse (Ortiz, 2001: p. 23; Grounds & Jamieson, 2003: p. 356). Finally, torture survivors may contemplate or attempt to commit suicide (Ortiz, 2001: p. 20). These thoughts or attempts are an attempt to alleviate the pain a survivor feels after the torture has ended (pp. 20-21).

The families of torture survivors are also negatively affected. Children of torture survivors have been found to suffer from nightmares, somatic symptoms, insomnia and depression (Conroy, 2000: p. 183; Acuna (1989) cited in Basoglu *et. al.*, 2001: 47). Although studies on children of torture survivors are limited, some research suggests that the psychological effects of torture are transgenerational (Conroy, 2000: p. 183; McCullough-Zander & Larson, 2004: p. 58).

Approaching Wrongful Conviction as Torture

In this study, wrongful conviction is seen as a form of torture. Given the situations that those who are erroneously imprisoned are subjected to, this comparison is relatively easy to make. From the beginning of the investigation, through the trial, and continuing into the wrongful incarceration process, the similarities between torture and wrongful conviction are clear. For example, the denial that torture victims experience is also felt by those who are wrongfully arrested (Simon, 1993: p. 525). Joseph Amrine has recalled that he could not believe that he was a suspect in a murder investigation (Vollen & Eggers, 2005: p. 7). Even after the initial arrest and charge, Amrine believed he would be released before a trial was held (p. 7). Drawing upon long held assumptions and beliefs in the integrity of the criminal justice system, some of those who find themselves accused and wrongfully arrested feel they can change the outcome of the investigation by simply cooperating with police (Brown 1990: p. 13). Joyce Ann Brown¹³, for example, was compelled to explain to police that she was not the suspect they were looking for (p. 13) and was convinced that she could persuade the authorities to realize that she was not responsible for robbing a store and killing the owner. Unfortunately, this is not often the outcome of such cooperation with the authorities because investigators often continue the interrogation until the subject is either arrested, or confesses to committing the crime.¹⁴ In Brown's case, she was arrested despite the fact that she was at work when the crime occurred. Investigators claimed that she had left work, robbed a store and murdered the store owner, then returned to work (Brown, 1990: p. 13).

¹³ In 1980, Joyce Brown was convicted of robbing a fur-store and murdering the store-owner in Dallas. She became a suspect after police learned that the getaway car used during the crime was a rental car that was rented by someone named Joyce Ann Brown. However, the Joyce Ann Brown that was convicted for the crime is not the same person who rented the car. The Texas Court of Appeals ordered a new trial because the original prosecutor had withheld exculpatory information. After the new trial was ordered, the prosecutor dropped all charges against Brown and she was released (Brown, 1990).

¹⁴ During an interrogation, police often attempt to obtain a confession from a suspect in order to support the prosecution's case against the suspect (Drizin & Leo, 2004: p. 911).

Those anxious to answer the investigator's questions sometimes find themselves in a dangerous situation. They may agree to answer questions only to discover that they are a suspect in the investigation. Christopher Ochoa,¹⁵ who spent 12 years in Texas prison for a murder he did not commit, believed he was approached by police simply because he worked at Pizza Hut. He later discovered that he was one of the main suspects in the investigation into the murder of a Pizza Hut manager (Vollen & Eggers, 2005: p. 18). Ochoa was told by police that he would be sent to death row if he refused to cooperate with them (p. 19). It was only after hours of threats and questions from police that Ochoa requested an attorney. This request was denied, however, because he had not officially been charged with any crime, and he did not have the right to a state-appointed attorney (p. 19).¹⁶ After his request for an attorney was denied, police continued to interrogate Ochoa and he eventually confessed to killing Nancy DePriest (White, 2003: p. 1009). Ochoa's confession implicated his friend and roommate, Richard Danziger, who was also charged with murder and convicted (p. 1010). Ochoa's confession was, in part, so convincing because of all of the details he provided (p. 1010). However, upon closer inspection, all of the information Ochoa had about the crime came directly from his interrogators (p. 1010). During his tape-recorded confession, the recording had to be stopped whenever Ochoa provided information that was inconsistent with the crime (Vollen & Eggers, 2005: p. 23). Although Ochoa was innocent of the crime, his confession ultimately led to a guilty plea for the rape and murder of Nancy

¹⁵ Christopher Ochoa confessed to killing Nancy DePriest after being interrogated by police for two days. When threatened with the death penalty, Ochoa also implicated his friend, Richard Danziger (Vollen & Eggers, 2005: p. 23). Ochoa plead guilty to the crime and testified against Danziger who was convicted and sentenced to life in prison (p. 25). Ochoa was released in 2001 after spending 12 years in Texas prisons when DNA evidence conclusively eliminated both Ochoa and Danziger as the perpetrators of the crime. Achim Josef Marino, a convicted rapist, had confessed to being the sole perpetrator in the rape and murder of Nancy DePriest (p. 29). Marino's story was proven with DNA evidence from the crime scene.

¹⁶ Texas Code of Criminal Procedure, art. 1.051 (a)

DePriest (p. 25). Ochoa confessed to killing DePriest after a two-day interrogation during which Ochoa was told several times that he would receive the death penalty if he did not cooperate with police (pp. 19-21). At one point an officer even showed Ochoa where the lethal injection would be administered (p. 19).

Confessing to a crime you did not actually commit seems counter-intuitive to many people, but such confessions are a common factor in wrongful convictions (Huff *et. al.*, 1996: p. 110; Leo & Ofshe, 1998: p. 429; Leo, 2001: p. 36; Scheck *et. al.*, 2003: p. 120; White, 2003: p. 984; Drizin & Leo, 2004: p. 902; McMurtrie, 2005: p. 1208). When the Innocence Project studied exonerations based on DNA evidence, they found that 27 percent of the wrongful convictions were the result of a false confession (Scheck *et. al.*, 2003: p. 120). Other estimates suggest that false confessions are present in 14 to 25 percent of wrongful conviction cases.¹⁷ In addition, inmates are taken away from their family for extended periods of time, which resembles the way in which some torture victims have been held in isolation for years (Stover & Nightingale, 1985; Conroy, 2000; Tizon, 2000).

The conditions of imprisonment are often similar for exonerees to the conditions to which torture victims are subjected. Numerous exonerees found themselves witness to other inmates being attacked or killed (Vollen & Eggers, 2005). Exposure to unhygienic conditions has also been identified as form of torture (Mollica, 2004: p. 6) and is sometimes found within prisons.¹⁸ Christopher Ochoa, for example, describes how he laid in toilet water during the summer in attempt to cool off because of the hot temperatures

¹⁷ See Drizin & Leo, 2004: pp. 901-907. The authors review studies which have identified the percentage of false confessions in wrongful conviction cases.

¹⁸ For example, see Vaugh, Michael & Smith, Linda. 1999. Practicing penal harm medicine in the United States: Prisoners' voices from jail. *Jutice Quarterly*. 16 (1): 175-231.

inside the prison (in Vollen & Eggers, 2005: 26). Sexual violence and rape within prison populations are common as well. In 2005, over 6,000 incidents of sexual violence were reported to prison authorities in the United States (Beck & Harrison, 2006: p. 1). Given that most inmates who are victimized do not report their victimization, this estimate is not entirely accurate (McCorkle, 1980 cited in Haney, 2005: p. 208). Although it is incomplete, this estimate does indicate that sexual violence is a common occurrence within the American prison system. First hand accounts provided by inmates also indicate that violence is a common occurrence within the prison system. For example, Stephen Stanko, who served time in a South Carolina prison, recalls that fellow inmates would be physically beaten and even stabbed after taking food off of another prisoner's plate (Stanko, 2004: p. 173). Stanko recalls seeing fights between inmates every day and for reasons that non-inmates may consider mundane, such as a specific seat in front of the television (p. 171).

The Experience of Incarceration

Like all inmates, the wrongfully convicted are subjected to the experiences of incarceration. The basic component of imprisonment is a loss of liberty (Haney, 2005: p. 10). While incarcerated the ties that inmates have with family members are often severed and are subject to limited living space, decreased privacy, mediocre food, and limited personal property (p. 10). While in prison, inmates undergo a process that has been identified as prisonization (Gillespie, 2004: p. 65). First documented in 1940, prisonization is a resocialization that includes negative personal change within the prisoner (p. 65). Prisonization helps inmates adapt to the prison subculture,¹⁹ which helps

¹⁹ A subculture is defined as “a sub-division of a national culture, composed of a combination of factorable social situations such as class status, ethnic background, regional and rural or urban residence, and religious

inmates adjust to incarceration, but is generally not useful outside of a prison environment (p. 65). Within the inmate subculture, violence and sexual promiscuity are highly valued (Gillespie, 2005: p. 66). Prisonization is a normal response of inmates to the conditions of prison life (Haney, 2005: p. 175), and is a coping mechanism. Other coping mechanisms used by inmates include: isolating one's self and portraying an image which suggests a violent personality (p. 172). An aggressive attitude towards other inmates does not seem unreasonable given that violence is common within prisons (Haney, 2005; Stanko, 2005: p. 173).

Adaptation to prison life

The transition into prison life can be a distressing and dangerous phase for prisoners. In general, the entry phase of imprisonment has been found to be a time of increased risk of suicide and self-harm (Harvey, 2005: p. 27). Suicides in prison often occur within the first month of incarceration (p. 27). One study on adaptation concluded that "emotional disturbance is clearly a problem among inmates beginning a new term" (Zamble and Porporino, 1988 cited in Harvey, 2005: p. 27). Some scholars have argued that entering prison threatens a person's core existence and leads to an identity crisis (Jones and Schmid, 2000). The transition phase can be difficult for inmates because they are moving from having control over their lives to having no control in prison. One inmate told an interviewer about his transition into incarceration:

"The first few days I felt alone, like, I didn't know what to expect or nothing like that. I didn't know what to expect. I didn't know what the cell was going to be like. I didn't know what the staff were going to be like. I didn't know what the routines were" (Harvey, 2005: p. 35).

affiliation, but forming in their combination a functioning unity which has an integrated impact on the participating individual" (Gordon 1955/1997 cited in Gillespie, 2004: p. 65). For inmates, the integration into the prison sub-culture is a coping mechanism, and allows prisoners to adapt to incarceration (Haney, 2006).

In Harvey's study of English inmates, he found that the prisoners presented themselves as between two different worlds while they were adapting to prison life. They had not yet released their hopes of returning to their previous world nor had they accepted their position within the prison (p. 31).

Once they have passed the entry phase, prisoners must adopt a new identity and cope with the tensions between their pre-prison identity the person they appear to be while in prison and the person they actually become (Haney, 2005: p. 170). The stress faced by inmates is worsened when they feel that they are in a psychologically or physically threatening environment and lessened when inmates feel that they have more control over their environment (p. 170). The conditions of incarceration are generally those of low control and increased threat of victimization, an unfortunate combination for inmates (p. 170). Some prisoners become obsessed with their personal safety and utilize constant and extreme hypervigilance as a defense against victimization (p. 172). In a study conducted by Richard McCorkle (1992), the author found that fear had led over 40% of prisoners to avoid certain areas of the prison they considered to be high risk. In addition, nearly 75% of the inmates reported that they had been forced to "get tough" with at least one other inmate to avoid being victimized. Further, more than one quarter of the inmates involved in the study kept a shank or other weapon nearby in case they needed to defend themselves (cited in Haney, 2005: p. 172).

Prisonization or institutionalization is a psychological process by which inmates adapt to prison life. For inmates, prisonization is not done through conscious means, but is more subtle and includes psychological mechanisms that become internalized (Haney, 2002: p. 80). This is a process that occurs during the first few months within a

correctional institution (Jones and Schmid, 2000: p. 75). There are several different mechanisms through which prisonization may occur. Any inmate may use a number of different mechanisms when adapting to imprisonment. One such mechanism is a dependence on institutional structure and contingencies (Haney, 2002: p. 81). A main component of imprisonment is the loss of freedom for inmates. Many choices, including those that dictate a person's daily routine, are decided for the inmates. Over time, this dependence will mute the inmate's self-initiative, and in extreme cases people may find that they are unable to initiate activities on their own.

Another mechanism used during prisonization is hypervigilance, interpersonal distrust and suspicion (Haney, 2002: p. 81). Given that prisons are dangerous, inmates quickly learn to become constantly alert to personal threats from others. Inmates may also project a certain "tough" image that conveys an image of violence to prevent being exploited while in prison. This adaptation can cause inmates to regulate their emotional responses, and can lead to emotional over-control, alienation and psychological distancing, another mechanism through which prisonization can happen (p. 82). This mechanism generally allows prisoners to develop a type of "mask" that alienates them from other people. While this emotional flatness can be a positive adaptation while in prison, it can also prevent the inmate from communicating with or developing relationships with others (p. 82). Social withdrawal and isolation is also often used by inmates as a way to become socially invisible within prison. In extreme cases of social isolation, inmates may have a pattern that closely resembles that of clinical depression (Haney, 2002: p. 82). Long-term prisoners are especially prone to using this mechanism as it helps them cope with the prison environment.

In addition to the formal rules of the correctional facilities that inmates must adjust to, informal rules must also be learned and obeyed. For inmates, this means incorporating the exploitative norms of prison culture, which is part of prisonization (Haney, 2002: p. 82). In order to defend themselves against the dangers of prison life, many inmates embrace the informal subculture. Within men's prisons, this can translate into a type of hyper-masculinity that includes a glorification of dominance and power (p. 83). Embracing these norms completely can prevent meaningful relationships outside of the prison.

Another component of prisonization is a diminished sense of self-worth and personal value (Haney, 2002: p. 83). This aspect of prisonization is not surprising given the conditions in which inmates are forced to live. Inmates are denied their rights of privacy and live in small and cramped spaces. In addition, they have little or no control over the person they must share a cell with, and are told when to go to bed and when to get out of bed. Each of these controls can cause inmates to feel infantilized and remind them of the stigmatization they have as prisoners (p. 83). In extreme cases of prisonization, inmates may feel that they deserve the type of degradation and stigma that they are subject to while incarcerated. For those inmates who experience great psychological pain due to imprisonment, post-traumatic stress reactions may result after release from incarceration (Haney, 2002: p. 83). For those inmates with traumatic histories, prison may be a form of "re-traumatization" for them which causes them to have disabling psychological reactions to prison (p. 84). This can be especially true for those inmates who return to the outside world without a network of close contacts.

Physical Conditions of prisons

Overcrowding has become common in prisons within the United States (Haney, 2002: p. 58; Huey & McNulty, 2005: p. 493). Such overcrowding is problematic for numerous reasons. Some studies have suggested that a greater density of prisoners leads to more frequent assaults within the prison population (Haney, 2005: pp. 205-206). Several studies have indicated that overcrowding is associated with increased recidivism (p. 206). In addition, overcrowding has been shown to: jeopardize prisoner safety, have adverse effects on living conditions within the prison, and compromise the ability of prison staff to effectively manage the population (Haney, 2002: p. 78). Inmates who are subject to overcrowded situations may find that they have even more limited access to rehabilitation or education programs, adding to idleness and frustration that many inmates experience (Huey & McNulty, 2005: p. 494). The stress that overcrowding places on inmates has also been shown to increase the likelihood of prison suicide (p. 494). Previous studies have shown prison suicide rates to be significantly associated with increases in inmate populations (Innes 1987 cited in Huey & McNulty, 2005: p. 494).

Victimization in prison

Recent research indicates that inmate-on-inmate victimization is a daily occurrence within prisons (Kerbs and Jolley, 2007: p.189). In 1998, federal and state correctional facilities reported 59 inmate deaths by homicide and 27,169 inmate-on-inmate attacks. These assault statistics are believed to be severely underestimated due in part to inmates' reluctance to report being victimized (p. 189). In 2006, over 6,000 incidents of sexual violence were reported in adult federal and state prisons (Beck and Harrison, 2006: p. 1). 35% of these incidents were inmate-on-inmate non-consensual acts, half of which involved physical force or threat of force (p. 1). These sexual violence

statistics include only those incidents that were reported to correctional authorities. Other estimates of sexual assault within prison vary widely. A study conducted in the mid-1990's found that approximately 22% of male prisoners had been coerced or persuaded into some type of sexual conduct during their incarceration (Struckman-Johnson *et. al.*, 1996 cited in Haney, 2005: p. 182). For men who become victims of sexual assault, the long-term psychological consequences may include: increased sense of vulnerability, anger, loss of self-respect, conflicted sexual orientation, and emotional distancing (p. 183).

Effects of Incarceration

The experience of being incarcerated can have long lasting effects on all inmates and have been studied extensively. Hochstetler (2004) contends that the experiences of prisoners during incarceration have been shown to adversely affect their mental health after release. Three of the most common pre-cursors to PTSD have been identified as: being witness to a serious injury or death of another person, being sexually abused, and personally being a victim of physical assault (Gibson *et. al.*, 1999). These factors are clearly associated with incarceration, especially given the high level of violence that is often present within correctional institutions (Stanko *et. al.*, 2004). Hochstetler *et. al.* (2004) also found prison victimization to increase the occurrence of symptoms of PTSD as well as depression. The adaptation to imprisonment that inmates go through often causes problems post-release. Although the psychological effects of incarceration vary from person to person, few inmates leave prison completely unchanged (Haney, 2002: p. 79).

Research has proven that both torture victims and prison inmates have a high risk of suffering from PTSD, depression, and anxiety (Stover & Nightingale, 1985; Page *et. al.*; Silove, 2003). Similarly, torture has been found to significantly increase the risk of suffering from PTSD for its victims (Silove, 2003; Stover & Nightingale, 1985). Page *et. al.* (1997) also found that former Prisoners of War suffered symptoms of PTSD long after they had been removed from war-time environments. The most significant fact concerning PTSD in the Page *et. al.* study is that which points to the persistence of the disorder (Page *et. al.*, 1997). Further, torture victims also often experience symptoms of anxiety and depression (Stover & Nightingale, 1985).

How the Wrongly Incarcerated Experience Prison

While the experiences of prison inmates have been studied, very little attention has been given to how those who are wrongly imprisoned experience prison life. Those who are wrongly convicted say that they experience prison life differently from those inmates who actually committed the crime for which they are serving time. Due to the unjust nature of the incarceration, the consequences of a wrongful conviction are exacerbated for those who find themselves erroneously imprisoned (Campbell & Denov, 2004: p. 145). The coping strategies used by wrongly convicted inmates are similar to those used by other inmates. Cooperation and belonging were used by two Canadian men who found themselves wrongly incarcerated (p. 146). By cooperating with other inmates, one inmate was able to forget about his own situation for a while. Another wrongfully convicted inmate joined the prison's "Aryan Brotherhood" in order to feel a sense of belonging (p. 147). In addition, membership in the group helped the inmate to feel more secure within the prison. He explains:

I think that through my association with the group, just being part of the pack, gave me a measure of a little bit of peace of mind. Knowing that at the minimum, somebody, I might not trust them, but...he's got my back. Not because he likes me or anything, but because it's an us against them thing..." (Campbell & Denov, 2004: p. 147).

This quote illustrates how a sense of belonging can help an inmate survive his or her incarceration.

Another coping strategy used by the wrongly convicted men in the Campbell and Denov (2004) study was withdrawal or isolation. Such isolation was done consciously, but for different reason. Whereas one exoneree reported that he withdrew himself because he felt different from the other inmates, another exoneree reported that he withdrew himself in order to maintain his sense of sanity (p. 148). Such withdrawal can be dangerous for any inmate, and especially dangerous for those inmates who are wrongly convicted (p. 149). One of the exonerees reported that he had attempted to commit suicide while he was wrongly incarcerated. He recalls his own suicide attempt:

I had been denied bail....Denied. Didn't take too long to decide that I wasn't going to go through that again. So, I waited for my cellmate to pass out, for the nurse to come, for him to get his medication, that shift's guard to do his walk. I had already made the rope, earlier that day. Took the bed sheet, braided it. Tested the metal box that protected the smoke detector. Decided it would hold my weight. Made the knot. Waited for everything, lights went out. Put it up, went and stood on the stainless steel sink in the corner. Put the rope around my neck and stepped off the sink...In about the instant that I was hanging there, I decided that I didn't want to be there. But I didn't have enough strength to pull myself up, I just, I was spinning. If I wasn't spinning, I probably could, but... The jolt of making the rope tense made me spin, which was a good thing, I guess, because my feet started to kick the sink and it woke my cellmate" (Campbell & Denov, 2004: p. 149).

Although only one of the inmates studied attempted suicide, it is important to note that each of the five participants involved in the study reported that they had

experienced suicidal ideation (p. 149). Some of the other inmates told others of their suicidal thoughts, and others kept such ideas to themselves (p. 149). Those who did not attempt suicide were kept from doing so because of a hope of being exonerated or because they felt that other options were available. Instead of killing themselves, they wanted to fight to win their appeal. Others reported that they did not want to cause their families any additional pain (p. 150).

While imprisoned, wrongfully convicted inmates often maintain their innocence (Campbell & Denov, 2004: p. 152). This insistence that they are innocent can cause wrongfully convicted inmates to be treated differently by prison administration, including parole board members. (p. 152). Those who claim that they are innocent are often viewed as having no remorse and are subsequently considered to be more likely to re-offend and more dangerous (Campbell & Denov, 2004: p. 152; Weisman, 2004: p. 127). The parole board is likely to view the inmate as not being rehabilitated and not ready for release from incarceration (Campbell & Denov, 2004: p. 152). Furthermore, maintaining one's innocence within prison prevents them from participating in any type of rehabilitation program (p. 152). In some instances, inmates have been prohibited from seeing their families due to their refusal to admit guilt (p. 153).

Another consequence of maintaining one's innocence while in prison is that a sense of uncertainty surrounding a possible release date develops (Campbell & Denov, 2004: p. 154). Generally, long-term prisoners are able to gauge the amount of time that remains until they are released, but the wrongly convicted have no idea when they may get released (p. 154). This constant uncertainty leads

to a sense of futility regarding being released for inmates who are wrongfully incarcerated (p. 154).

Once a wrongfully convicted inmate is released and/or exonerated, exonerees again find that their experiences differ from those who actually committed the crime that they served time for. They often find that they have an increased intolerance of injustice and a desire for the government to acknowledge that an error occurred. Furthermore, exonerees often want to receive compensation for the harm they suffered at the hands of the criminal justice system (Campbell & Denov, 2004: p. 154).

Anxiety

Anxiety often occurs simultaneously with depression and PTSD. Those who suffer from anxiety disorders often feel that they are unable to control the amount of their own worrying. The effects of anxiety often cause impairment with social interaction, physical tasks, and occupational tasks as well. Anxiety is often prevalent over a long period of time, and may also be seen in correlation with substance abuse, depression and PTSD (American Psychological Association, 2004). Further, anxiety has been identified as one of the most common symptoms found in survivors of torture (Basoglu, 2001).

According to the American Psychological Association (APA), anxiety is an emotional response to a traumatic event (APA, 2000). Those who experience anxiety may “experience difficulty concentrating, feel detached from their bodies, experience the world as unreal or dreamlike, or have increasing difficulty recalling specific details of the traumatic event” (APA, 2000).

Depression

The APA has defined depression as a change in mood, which is often gradual (APA, 2000). This is consistent with a change in personality that is often reported by torture victims, exonerees, and their families. Symptoms of depression may also include: appetite change, weight loss, or thoughts or plans to end one's life. Loss of interest in nearly everything is almost always present in those who are experiencing depression. Depressive episodes have been associated with a high mortality rate and up to 15 % of those individuals with major depressive disorders will commit suicide (APA, 2004). In addition, those who are over the age of 55 are at a higher risk than are younger people. Depression has also been associated with a higher level of illness in general, and lessened social and physical ability. Clearly, we can hypothesize that those exonerees who suffer from depression are less likely to become re-acclimated to society following their release from prison.

Post Traumatic Stress Disorder

Gibson *et. al.* (1999) report that the prevalence of PTSD is significantly higher within the prison population than it is in the general population. In their article, entitled *An Examination of Antecedent Traumas and Psychiatric Comorbidity Among Male Inmates with PTSD*, the authors provide a meta analytic review of the literature specific to PTSD within the general population of the non-incarcerated, as well as within the prison population. They also report that PTSD is often co-occurrent with other mental disorders, including major depression and anxiety (Gibson *et. al.*, 1999). This correlation between PTSD and other mental disorders has great implications for my study. Each of these factors point to high levels of mental disorders among inmates in general. It therefore follows that those inmates who have been convicted wrongfully also experience

a high level of PTSD, depression and anxiety following their exoneration and subsequent release from prison.

For example, exonerees have reported feeling paranoid (in Cieslak, 2004: p. A1; in Grounds, 2004: p. 169; in Vollen & Eggers, 2005: p. 112), having nightmares (in Boggan, 2000: p.; in Cieslak, 2004: p. A1; in Grounds, 2004: p. 169), and feeling detached from others (in Vollen & Eggers, 2005: p. 111; in Grounds, 2004: p. 171; in Boggan, 2000: p.). All of these are symptoms of PTSD (Basoglu *et. al.*; 2001: p.41).

The effects of imprisonment are different for each person who finds him or herself incarcerated and not every prisoner suffers negative effects after release. However, the majority of people who are incarcerated suffer long-term consequences of their imprisonment (Haney, 2002: p. 79). Upon their release from prison many inmates do not have a job, have a hard time creating ties with family and friends, abuse drugs and/or alcohol, or may become involved in crime again (Nelson *et. al.*, 1999 cited in Seiter & Kadela, 2003: p. 366). Life outside prison can be difficult for ex-prisoners to adjust to, given that the psychological adaptations inmates make while in prison are often maladaptive once they are released. For example, while imprisoned, inmates are dependant on the structure of the institution. Once released, they may have difficulty in initiating many day-to-day tasks (Haney, 2002: p. 81). In addition, ex-inmates often have trouble trusting others, since they have grown accustomed to the dangerous atmosphere of prison life (p. 81). Some of the other issues faced by ex-prisoners include: PTSD symptoms, social isolation, psychological distancing and a diminished value of self-worth (pp. 82-83). The data collected in this study will be helpful in examining the extent to which exonerees face these issues.

Methodology

The majority of the data for this study was collected in 2002 and 2003, through in-person interviews with exonerees.²⁰ During each interview, the respondent was asked questions by an interviewer, who then recorded the answers on an interview schedule. None of the interviews were tape recorded. Interviews were performed on a one-on-one basis, as opposed to group interviews. Although my analysis is original, I was not involved in the data collection at any point during the survey design or administration. The first group of interviews included a “Before and After Exoneration Questionnaire, (BAEQ)” which was focused primarily on differences the exoneree experienced both before and after their release from prison. The BAEQ was extremely short with only 20 questions, many of which were vague. For example, no specific answers were available for the participants to choose from. Given the difficulties associated with the BAEQ, a quantitative analysis could not be performed on the information gathered from the BAEQ.

Following the first group of interviews, several of the questions were revised in order to elicit more specific information from participants. In the second group of interviews no BAEQ was used. Instead, one long interview schedule was implemented. Although some changes were made between the two interview groups, both surveys measured the mental disorders in the same way. With the exception of the BAEQ, all interviews followed the following schedule: 1) demographic information, 2) physical health needs, 3) mental health needs, 4) anxiety scale, 5) depression scale, 6) PTSD scale, 7) needs assessment, and 8) trauma survey.

²⁰ The surveys were conducted by members of the Life After Exoneration Program (LAEP).

The demographic questions asked of survey participants were as follows: gender, age, city and state of residence, ethnicity, highest level of school completed, marital status, living status and work status. Survey respondents could choose from several answers when answering some of these questions. For example, participants were given the choices of male and female when identifying their gender. In providing marital status, respondents chose from the following responses: married, widowed, separated, divorced, and never married. The choices given for current living situation were living in: respondent's own house or apartment, someone else's house or apartment, a hotel, and homeless. The choices provided for work status were: employed full-time, employed part-time, have more than one part-time job, unemployed, medical source of income, retired, permanently disabled, current work impairment, don't know, and student.

Within the physical health needs portion of the survey, participants were asked 15 questions related to their physical health. The majority of these questions were answerable with a yes or no question. However, respondents were asked to rate their general physical health as either: excellent, very good, good, fair, or poor. They were also asked to identify the number of doctor and dental visits they had attended within the previous year. The mental health needs portion of the survey followed a similar format, although it consisted of only 4 questions. Again, participants were asked to rate their general mental health as either: excellent, very good, good, fair, or poor. They were also asked to identify the number of visits they had made to a mental health provider within the prior 12 months.

The next portion of the survey consisted of anxiety, depression, and PTSD scales. Within the anxiety scale, respondents were asked ten questions related to symptoms that

they had experienced within the previous week. For each question, respondents were asked to identify how often they had been experiencing the specific symptom of anxiety using the following possible answers: not at all, a little, quite a bit, or extremely. This format was also used during the depression scale portion of the survey. The PTSD portion of the survey had a similar format; however, respondents were asked to describe how often they had been bothered by specific symptoms within the previous month according to the following scale: not at all, a little bit, moderately, quite a bit, or extremely.

Next, the needs assessment portion of the survey was administered, in which respondents were asked about the things they needed help with. The questions contained in this portion of the survey were intended only as an interview guide and not to be used as part of a structured interview. Respondents were asked if they needed help in a number of areas. In daily living needs, they were asked if they needed help with food, clothing, housing, household good, or transportation. Next, they were asked if they needed help with obtaining the following physical functioning tasks: obtaining a wheelchair or cane, arranging a vision exam or obtaining glasses, arranging a hearing exam or obtaining a hearing aid, arranging a speech evaluation or therapy, or assistance attending medical appointments. Respondents were then asked if they needed any of the following types of legal help: litigation, family or divorce problems, or criminal proceedings. Next, they were asked if they needed help with the following educational and vocational needs: job placement, job counseling, job training, career or educational counseling, or career or educational placement. Finally, participants were asked if they

needed help finding the following social support systems: family members, and social or community groups.

The final portion of the survey was the brief trauma survey, which asked participants about their experience with violence. This portion of the survey consisted of only 5 questions related to personal experience with violence and time spent incarcerated. Each question was answerable with a yes or no. For those participants who had been incarcerated prior to their wrongful conviction, the previous incarceration dates were also identified.

Both sessions of interviews followed the same general format with one exception. The second group of respondents was not given the BAEQ that had been used in the first group of interview. The data collected from these interviews will be used to conduct a quantitative analysis.

Concepts and Variables

For my project, the main concepts I will examine are: exoneree, PTSD, depression and anxiety. For my purposes, the term exoneree has been defined as a person who was convicted of a crime they did not actually commit and was subsequently imprisoned for the crime. Further, all exonerees according to this definition have been released from incarceration. This definition therefore includes all people who have been wrongfully convicted and subsequently released, regardless of the amount of time he or she spent in a correctional facility.

Descriptive Variables

The descriptive variables included in this study are: current employment, employment prior to imprisonment, age, gender, race, length of imprisonment, total

number of times the subject has been imprisoned, education level of subject, whether or not compensation was sought by the exoneree for being wrongfully convicted, and exposure to violence during incarceration including being witness to death or injury threats and physical violence as well as being personally threatened or being a participant in a fight. These variables are included because they will allow me to summarize the data set that has been gathered.

Unit of Observation and Analysis

The unit of observation that was used during data collection was the individual. Individual exonerees were interviewed so that they can specifically describe how often they experience the different symptoms of the three mental health disorders being studied. The unit of analysis for my study will also be the individual exoneree. I will be performing a secondary analysis on information gathered through interview schedules with exonerees. Although I will be performing secondary analysis, the data collected from these interviews has not previously been analyzed or published in any way.

Operationalization

For the purposes of my study, exoneree has been operationalized in the following way: a person who has been convicted and subsequently imprisoned for a crime which he or she did not actually commit. Following a showing of evidence that has pointed towards the inmate's innocence, he or she has been released from this wrongful incarceration. In many cases, an inmate may be released well before they have been legally exonerated. As such, release from prison will be the indicator of exoneration.

The operationalization of anxiety, depression, and PTSD has been based on the symptoms of these disorders provided by the DSM-IV. Accordingly, subjects were asked

to indicate how often they have experienced symptoms of depression and anxiety within the past week, or symptoms of PTSD within the past month. By asking exonerees about the occurrence of specific symptoms within the specific time periods, it can be determined whether or not the symptoms have been present long enough to indicate that the subject is experiencing certain disorders. Some indicators of depression are: feeling blue, feeling lonely, feelings of worthlessness, and having difficulty falling and/or staying asleep (APA, 2004). Some indicators of anxiety are: feeling tense, having headaches, and suddenly being scared for no apparent reason. Some of the indicators of PTSD are: difficulty falling and/or staying asleep, increased irritability, tense muscles and an exaggerated startle response (APA, 2004).

Research Design

Due to monetary limitations as well as time constraints, the study performed has a cross-sectional design. Given that each of the participants had been exonerated and released from prison for different periods of time, it provides insight into both the short and long term psychological effects.

Sampling Procedure Used

The sampling method used in this study is defined as convenience sampling. Data was collected from two different locations, both of which were academic conferences concerning wrongful conviction. Interviews were conducted with exonerees at these conferences in attempt to minimize travel time and expenses in gathering the data.

The sampling technique used during this study is a non-probability method, which means that the sample may not be representative of the exoneree population as a whole. Using a non-probability method prevents a determination of how well the sample

represents the population being studied. However, this is the only type of method available when exonerees are being studied. The number of exonerees is growing at a rapid pace, as wrongful convictions are being identified. As such, it is impossible to have an accurate sampling frame from which to draw a representative sample.

Data Collection Techniques

Through interviews with exonerees, symptoms of depression, anxiety and PTSD were self-reported. For these interviews, a schedule was used, which allowed the interviewer to read questions aloud to the participant. With respect to the mental disorders being examined, each exoneree was asked about the frequency of specific symptoms. From this information, the incidence of each type of disorder can be determined through statistical analysis. Between the two data collection sessions, information was gathered from 55 exonerees.

Given that data were gathered from exonerees who had been released for different lengths of time, the results can suggest preliminary findings concerning long-term versus short-term effects of wrongful conviction. Any conclusions on this matter would only be preliminary, and would need closer scrutiny in order to be determined in a more reliable manner. Additionally, any conclusions drawn from the current study will hopefully provide impetus for future and more specific research concerning life after exoneration.

Results

The research conducted in this study is exploratory in nature and is designed to provide direction for future research in this area. The statistical analysis software program, Statistical Package for the Social Sciences (SPSS) was used to analyze the data. This analysis allowed for the examination of the prevalence of depression, anxiety and

PTSD among the 55 exonerees who were interviewed. In addition, this analysis provided a set of descriptive statistics for the study sample. Analysis was performed on individual symptoms to determine whether or not each individual symptom was correlated with any of the independent variables measured in the survey. Further, each group of symptoms was combined into three separate indices which were also analyzed. Each index represents one of the three mental health disorders. As such, the bivariate analyses allowed me to determine which of the independent variables were correlated with the individual symptoms and which were correlated with the index of symptoms. These different analyses provided a more complete understanding of the relationships. The following table illustrates the demographic information of the study's sample.

Table 1. Descriptive Statistics

Characteristic	N	%	Mean	Standard Deviation
Sex				
Male (1)	55	100	1.00	0.00
Female (2)	0	0		
Total N				
Age (Range: 34-74)	55	100	46.64	
Religious Affiliation	50	90.1	6.94	14.289
Christian (1)	6	10.9		
Baptist (2)	14	25.5		
Non-Denominational (3)	4	7.3		
Catholic (4)	4	7.3		
None (6)	8	14.5		
Other (10)	14	25.5		
Missing (99)	5	9.9		
Total N	55	100		
Ethnic Affiliation	44	80	2.41	2.149
Caucasian (1)	14	25.5		
African American (2)	24	43.6		
American (6)	4	7.3		
Other (10)	2	3.6		
Missing (99)	11	20		
Total N	55	100		
Highest Year of School Completed	52	94.5	12.25	2.283
Seventh Grade	1	1.8		

Eighth Grade	2	3.6		
Ninth Grade	3	5.5		
Tenth Grade	4	7.3		
Eleventh Grade	4	7.3		
Twelfth Grade	21	38.2		
Beyond High School	17	31		
Missing	3	5.5		
Total N	5	100		
Loss of Relationship Due to Incarceration	53	96.4	0.6	0.494
No (0)	21	38.2		
Yes (1)	32	58.2		
Missing (99)	2	3.6		
Total N	55	100		
Loss of Parental Rights Due to Incarceration	51	92.7	0.29	0.46
No (0)	36	65.5		
Yes (1)	15	27.3		
Missing (99)	4	7.3		
Total N	55	100		
Attempted to Receive Compensation	54	98.2	0.87	0.339
No (0)	7	12.7		
Yes (1)	47	85.5		
Missing (99)	1	1.8		
Total N	55	100		
Result of Compensation Attempt	52	94.5	0.85	0.359
Received Compensation (1)	15	27.3		
Denied Compensation (2)	10	18.2		
Results Pending (3)	20	36.4		
Not Yet Sought (4)	7	12.7		
Missing (99)	3	5.5		
Total N	55	100		
Had Money When Released	55	100	0.2	0.484
No (0)	44	80		
Yes (1)	11	20		
Total N	55	100		
Had a Place to Stay When Released	54	98.2	0.85	0.359
No (0)	8	14.5		
Yes (1)	46	83.6		
Missing (99)	1	1.8		
Total N	55	100		

The sample was comprised of 55 male exonerees between the ages of 34 and 74, with an average age of 46 years. A majority of the sample, or 43.6 percent ($n = 24$), were African American while 25.5 percent ($n = 14$) were Caucasian. In addition, 7.3 percent ($n = 4$) of the participants identified themselves as American when questioned about their ethnicity. Of the 55 respondents 21 have a high school diploma, while 17 have received education beyond the high school level.

The sample included exonerees who had been wrongfully incarcerated for varying amounts of time. The range of time since release was 2 years to 23 years, and the mean amount of time spent wrongfully imprisoned was nearly 12 years. At the time of the interviews, each of the participants had been exonerated for different amounts of time, ranging from less than 1 year to 27 years. Forty percent ($n = 22$) of the participants were married at the time the study was conducted, whereas 36.4 percent ($n = 20$) had never been married, and 12.7 percent ($n = 7$) were divorced. Approximately 54 percent ($n = 30$) of participants lived in their own residence at the time of the study, whereas 41.8 percent ($n = 23$) lived in the residence of another person.

While in prison 87.3 percent ($n = 48$) of exonerees were threatened with injury or death and 69.1 percent ($n = 38$) were physically attacked and/or injured while incarcerated. Further, 94.5 percent ($n = 52$) of exonerees witnessed another inmate being threatened with injury or death, and 96.4 percent ($n = 53$) of exonerees witnessed another inmate being attacked and/or injured while they were incarcerated.

Some of the exonerees experienced loss of a relationship and/or parental rights as a result of their wrongful conviction. For example, 58.2 percent ($n = 32$) of participants

reported a loss of a relationship due to their wrongful conviction and 27.3 percent ($n = 15$) of participants reported that they lost parental rights due to imprisonment. At the time of their release, 80 percent ($n = 44$) of participants reported having no money when they were released. However, 83.6 percent ($n = 46$) of exonerees had a place to stay upon their release. After being released, 85.5 percent ($n = 47$) of participants attempted to receive compensation from the state after they were released. However, at the time of this study, only 27.3 percent ($n = 15$) had received compensation. About 18 percent ($n = 10$) had been denied compensation, and 36.4 percent ($n = 20$) of participants were awaiting the results of their compensation attempt. At the time of the interview, 40 percent ($n = 22$) of the participants reported that they had a full-time job while 23.6 percent ($n = 13$) were unemployed.

Within the sample, 35 percent ($n = 19$) of survey participants displayed symptoms severe enough to be considered symptomatic of anxiety and/or depression. This measure was determined by summing the values of the responses to the depression and anxiety indices and then dividing that number by 25 (which is the total number of questions related to depression and/or anxiety). This methodology has been used historically within the field of psychology to identify those people who suffer from anxiety and/or depression. Once these calculations are complete, any score that is greater than 1.75 indicates that the survey participant is symptomatic. Within the sample, these scores ranged from 0.4 to 3.7, with the average score being 1.7.

The prevalence of PTSD was measured in a similar manner. The response values of the PTSD scale were summed for each survey participant. Those scores that were equal to or greater than 50 merit a PTSD diagnosis. Within the current sample, the scores

ranged from 17 (not bothered by PTSD symptoms at all within the past month) to 85 (being bothered extremely by PTSD symptoms within the past month), with the mean being 39.1. In this sample, 23.6 percent ($n = 13$) of respondents received scores of at least 50. In addition, 22 percent ($n = 12$) of the participants received scores indicative of a disorder on all three scales, indicating that they suffered from anxiety, depression and PTSD.

Table 2 presents the bivariate correlations between each of the independent variables and dependent variables. For this analysis, two-tailed tests were conducted, and those correlations that are significant at the 0.05 level are listed. In this table, the bivariate correlations are provided for the indices (anxiety, depression, and PTSD) as well as the statistically significant individual items that make up those indices. The correlations between the independent variables and the indices that are statistically significant are marked with an asterisk. The first column of the table lists each of the independent variables while the second column indicates the *summed indices for the three dependent* variables. Column three lists each of the individual items that comprise that particular index and that are significantly correlated with the independent. The bivariate correlations are shown in columns four and five.

Table 2. Bivariate Correlations

Independent Variable	DV (scale)	DV (individual items)	Bivariate Correlation Index	Bivariate Correlation Individual Items
Current Marital Status	Anxiety		-0.016	
	Depression		0.135	
	PTSD		0.166	
		Avoid activities		0.366

		No interest in things	0.288
		Superalert	0.277
Current Living Situation			
	Anxiety		0.282*
		Scared	0.263
		Fearful	0.269
		Tense	0.284
		Headaches	0.367
		Terror	0.329
	Depression		0.346*
		Hopeless future	0.402
		Blue	0.283
		Lonely	0.342
		Trapped	0.458
		No interest	0.257
		Everything is an effort	0.320
	PTSD		0.344*
		Upset when reminded	0.305
		Avoid activities	0.291
		No interest	0.350
		Distant or Cut-off	0.419
		Short future	0.262
		Trouble sleeping	0.348
		Superalert	0.258
		Jumpy	0.261
Current Work Status			
	Anxiety		0.096
	Depression		0.096
	PTSD		0.140
		Superalert	0.342
Threatened Death/injury			
	Anxiety		0.166
		Nervous or shaky	0.307
		Restless	0.276
	Depression		0.068

		Lonely	0.324
	PTSD		0.102
Physically Attacked/injured	Anxiety		0.031
	Depression		0.092
		Lonely	0.324
	PTSD		0.141
Time Spent	Anxiety		-0.193
		Nervous or shaky	-0.292
	Depression		-0.250
		No interest	-0.360
	PTSD		-0.270
		Repeated memories	-0.386
		Repeated dreams	-0.349
		Unable to remember	-0.283
		Distant or Cut-off	-0.306
		Trouble sleeping	-0.292
Time Elapsed	Anxiety		-0.178
	Depression		-0.165
	PTSD		-0.216
		Avoid activities	-0.302
		No interest	-0.285
		Jumpy	-0.364

$P < .05$ (two tail)

* indicates a statistically significant relationship between independent variable and mental health disorder index.

These correlations suggest that numerous post-release factors may affect the prevalence of each of the three mental disorders within exonerees. It is important to note, however,

that these are only bivariate correlations and the significant relationships that were found may be spurious. In any event, the results of this exploratory study are noteworthy and are deserving of discussion as they suggest possible areas for future inquiry.

The positive association between marital status and feeling lonely indicates that those exonerees who were not married experienced more loneliness than those who were married at the time of the survey. Marital status was found to be positively correlated with the following PTSD symptoms: avoiding activities or situations because they reminded the exoneree of the traumatic event (0.336) and having no interest in things (0.311), where the association between marital status and the PTSD index is 0.166.

Similarly, the positive association between the living situation of the participant at the time of the survey and the presence of mental health disorder symptoms indicates that those respondents who were living in their own home experienced fewer symptoms than those respondents who were living in someone else's home, a hotel, or were homeless. The living situation of the exoneree was significantly correlated with each of the mental health disorder indices. The association with the anxiety index was 0.282, with the following anxiety symptoms: feeling scared for no reason (0.263), feeling fearful (0.269), feeling tense (0.284), headaches (0.367), and having a sense of terror or panic (0.329) also statistically significant. The association with the depression index was also significant and positive at 0.346, while several individual symptoms (feeling that everything is an effort (0.320), feeling hopeless about the future (.0402), feeling blue (0.283), feeling lonely (0.342), feeling trapped (0.458) and feeling no interest in things (0.257)) were also significantly correlated with one's living situation. The association between the living situation and the PTSD index was 0.344, while several individual

symptoms were also found to be associated: getting upset when reminded of the traumatic event (0.305), avoiding activities or situations because the reminded the exoneree of being imprisoned (0.291), feeling no interest in things (0.350), feeling distant or cut-off from others (0.419), feeling as if their future will be cut short (0.262), having trouble falling or staying asleep (0.348) feeling superalert (0.258), and feeling jumpy (0.261).

The work status of the participant at the time of the survey was also found to be positively associated with feeling superalert or watchful (0.342), a symptom of PTSD. These results indicate that those exonerees who were employed full time at the time of the survey felt superalert or watchful less often than those exonerees who were employed part-time or were unemployed.

Survey respondents who had been threatened with death or injury while incarcerated were more likely to suffer from feeling nervous or shaky (0.307) or from feeling restless (0.276), which are both anxiety symptoms. Those exonerees who were physically attacked or injured during their incarceration were more likely to feel lonely (0.324) (a depression symptom) after their release than those who were not attacked or injured. It is important to note here that a majority of survey participants were threatened and/or attacked while imprisoned wrongfully. Within the sample, 87.3 percent ($n = 48$) of participants reported being threatened with injury or death and 69.1 percent ($n = 38$) reported being physically attacked while they were incarcerated.

The two independent variables that display a negative association with the mental health disorders are the amount of time a participant spent wrongfully incarcerated and the time that had elapsed between the participant's release from prison and their

participation in the survey. These negative associations indicate that the longer the time an exoneree spent incarcerated, the less likely he was to: experience the anxiety symptom of feeling nervous or shaky (-0.292), experience the depression symptom of feeling no interest in things (-0.360), or to experience several PTSD symptoms: repeated memories of the traumatic event (-0.386), repeated disturbing dreams related to their wrongful conviction and incarceration (-0.349), feeling distant or cut-off from others (-0.306), or having trouble falling or staying asleep (-0.292). Although these results may seem counterintuitive because they indicate that longer periods of incarceration are more beneficial for prisoners than are short periods of incarceration, it is important to note that these results suggest that even those exonerees who were incarcerated for a relatively short amount of time are likely to suffer mental health consequences after they are released. One possible reason for this outcome is that inmates who spend more time in prison may better acclimate to the prison environment. Without further research, there is no way to determine the cause of these negative associations.

A negative association was also found between the time that had elapsed between the exoneree's release from prison and their participation in the survey. The negative association of -0.216 between the PTSD symptoms and the amount of time that had elapsed indicates that as time passes, exonerees experience fewer symptoms of PTSD. This association was found for three of the PTSD symptoms: avoiding activities or situations because they reminded the exoneree of incarceration (-0.302), having no interest in things he used to enjoy (-0.285), and feeling jumpy (-0.364).

Overall, these results suggest that wrongful conviction and incarceration affects each exoneree differently. Some exonerees report that they suffer a great deal from

anxiety, depression, and PTSD while others report that they suffer from little or no symptoms of the mental health disorders.²¹

Potential Problems

Several of the aspects of the study presented here are problematic with respect to generalizability and reliability. The first of which is the variation in the interview schedule between the first and second groups of respondents. Although several of the questions were the same in both sessions, many of them were different. The first group of participants was not asked about the length of their wrongful incarceration. Given that their identities were known, I was able to determine this information through public sources, such as newspapers. Several of the questions asked were presented to respondents in a much more specific manner during the second session as opposed to the first. This variability made analysis of some of the data impossible. Another limitation of the study is that interviewers did not record responses in a systematic manner. Several different people acted as interviewers, and each recorded the responses of the participants in a different manner.

With respect to the measures of depression and anxiety, the Hopkins Symptom Checklist-25 (HSCL) was used to identify symptoms of the two disorders. Although this instrument has been found to be reliable, a newer version of the test, the Symptom Checklist-90 (SCL), was available at the time the interviews were conducted. The use of the older instrument does not imply that the results are any less valuable. Given that the

²¹ Although I also examined the role that education played in an exoneree's mental health after his release, the results do not indicate that a statistically significant relationship exists between education and anxiety, depression, or PTSD. I also examined the role that ethnicity plays in an exoneree's mental health after his release. A positive association of 0.309 was found between ethnicity and the PTSD index. However, the small number of Caucasian respondents renders a meaningful comparison impossible.

SCL is derived directly from the HSCL (Derogatis & Savitz, 1999), it follows that the HSCL remains a reliable measure of anxiety and depression.

A significant weakness of the study is that participants included only those exonerees who were present at conferences related to wrongful conviction. Therefore, the results do not provide a representative sample of exonerees as a whole. No information regarding those exonerees who were not at these conferences was recorded. The simple fact that exonerees are attending conferences may indicate that they are having an easier time becoming re-integrated into society. Those people who have been exonerated but choose not to attend conferences may have a very different experience. In order to obtain a more representative sample, future research should seek out exonerees who are not present at such conferences. Although attendees provide useful information, not all exonerees are able to provide input if data is gathered from this source. A more complete picture would enable researchers to make recommendations that are more appropriate for exonerees in general.

DISCUSSION

The study of torture survivors is often focused on the psychological trauma that torture victims endure (For example, see Grounds & Jamieson, 2003; Basoglu *et. al.* in Gerrity *et. al.*, 2001; Bichesu *et. al.*, 2005; Ehlers *et. al.*, 2000; Gerrity *et. al.*, 2001; Jaranson *et. al.* in Gerrity *et. al.*, 2001; Jaranson, 1998; Laurence, 1992; McCullough-Zander & Larson, 2004; Mollica, 2004; Ortiz in Gerrity *et. al.*, 2001; Page *et. al.* in Fullerton & Ursano, 1997; Silove, 2003; Stover & Nightingale, 1985; Suedfeld, 1990). Much of the torture literature speaks directly to the fact that survivors often suffer from anxiety, depression and PTSD, the same disorders that the participants in this study

reported experiencing. Given that a significant portion (22%) of the study participants reported that they were suffering from anxiety, depression, PTSD, or a combination on the three disorders, I can apply the recommendations directed towards torture survivors to my study population of exonerees. The prevalence of these disorders is important because it indicates that some exonerees experience symptoms similar to those of torture survivors following their release from wrongful incarceration. Given the limitations of these data, the results cannot be generalized to the entire population of exonerees. However, these results suggest that recommendations for exonerees can be made based on the existing research surrounding torture survivors.

The negative associations that were found between time spent in prison and the mental health disorders indicate that those exonerees who spent more time in prison experienced fewer symptoms of the mental health disorders studied. This result suggests that a longer incarceration period prevented exonerees from suffering from the three mental health disorders. The absence of the three mental disorders may be caused by the prisonization that occurs within the prison setting. One major component of prisonization is concealment of emotions and vulnerabilities (Haney, 2003: p. 180). Those inmates who undergo prisonization for longer periods of time have a much more difficult time adjusting to life outside of prison and may find it difficult to admit that they are suffering from mental health disorders even after they have been released (p. 180). For those prisoners who serve longer incarceration periods, prisonization is not just a type of short-term adaptation to incarceration, but becomes a long-term living strategy (p. 181). Given the importance of maintaining an emotionless image within the prison setting, it is not surprising that many exonerees reported that they do not suffer from any

of the mental health disorders or their symptoms. In a 1988 study (Zamble & Porporino), long-term prisoners reported experiencing less stress than short-term prisoners. The authors of the study hypothesized that the fewer symptoms was due to increased coping skills of the long-term prisoners (p. 130).

A negative association was also found between the length of time between a participant's release from wrongful incarceration and the mental health disorders. This association suggests that as time goes on, exonerees experience fewer symptoms of depression, anxiety and depression. This result is consistent with the data found within the torture rehabilitation literature, as torture survivors have fewer symptoms of mental health disorders once their psychological problems have been resolved, which takes time (For example, see Mollica, 2004; McCullough-Zander & Larson, 2004). For survivors, psychological counseling and other types of treatment can help them relieve some of the symptoms they experience after they are released.

The literature that is directed towards inmates provides little assistance in explaining this finding. Many of the studies designed to identify the effects of imprisonment have been cross-sectional, or have had relatively short follow-up periods (For example, Zamble & Porporino; 1988). In addition, Grounds & Jamieson (2003) argue that even the few studies that have examined the effects of long tem imprisonment have been focused on the difficulties of social adjustment as opposed to the psychological problems prisoners face after they are released (p. 357). The authors further argue that the existing psychological research conducted on ex-prisoner populations has failed to identify the experiences ex-prisoners report in case studies. This discrepancy suggests

that quantitative approaches to identifying the psychological difficulties ex-prisoners have may not be effective.

It is also important to note that each torture victim reacts differently to the trauma. While some survivors need no medical or psychological help, other survivors suffer from mental health disorders even decades after the trauma had ended (Conroy, 2000: pp. 179-182). Although there are great differences in how each person reacts to torture, the available literature suggests that despite any image of success, the majority of torture survivors will experience some type of mental and/or psychological difficulties after the trauma has ended (Conroy, 2000: p. 179; Basoglu *et. al.*, 2001: p. 48; Jaranson *et. al.*; 2001: p. 253).

This study does not suggest that exonerees experience prison any differently from other inmates. Future research can examine this question, but these data do not support the hypothesis that the experience of prison is different for those who are wrongly convicted than for those inmates who actually committed the crime(s) they are imprisoned for. Within the prison literature, some authors suggest that being imprisoned has negative psychological effects on all inmates (Haney, 2006; Harvey, 2007). Any differences in the way prison is experienced by exonerees and by other inmates is beyond the scope of this study.

Ethical Considerations

Given that the population in this study is being examined for depression, anxiety and PTSD symptoms, it may be unethical to ask participants to re-live the trauma of being imprisoned. Further, although the number of exonerees is always increasing, they still represent a small population relative to that of other populations. It is consequently

very important to protect the identity of all study participants. If the identity of a participant was revealed, that exoneree may experience loss of employment, or other negative consequences. Therefore, the identity of all participants has been kept either confidential or anonymous. The identity of the first group of respondents has been confidential, and the identity of those in the second group is anonymous. As a result, I am unable to identify any of my subjects by name. I am only aware of the identities of some of the respondents and I do not know the identity of any of the respondents automatically. I will also be careful in writing up my analysis of the data so that I always withhold any identifying features of the interview participants.

Often times, cases of wrongful conviction receive a great deal of publicity. A person reading my results may therefore be able to identify a subject based on the basic facts of his or her case. The best way to eliminate this dilemma is to report results in terms of more than one respondent. I will also make an effort to exclude the geographic location of the prison in which the exoneree was imprisoned. If variation among exonerees existed, I will report such differences in terms of national regions only. Other similar considerations will be given to any piece of information which exposes the identity of a respondent.

Although I can control the anonymity and the confidentiality of the respondents, I am unable to control the consequences exonerees may suffer as a result of participating in the study. In order to eliminate the possible negative effects associated with their participation, each respondent was required to provide oral informed consent prior to the interview. This step may not completely eliminate negative consequences of re-living the traumatic event of being wrongfully imprisoned. However, it does minimize the negative

effects for exoneree participation. Further, this research is crucial for those who will be exonerated in the future. Once we have determined the incidence of the three disorders within exonerees, we can help make services available that can improve life after exoneration. As such, the advances to be made from this research outweigh the possible negative consequences felt by participants in the study. This is especially true given that all participation in the study has been voluntary.

Recommendations

The results of my study suggest that exonerees face many of the same issues that torture survivors face after they have been released. As such, this section includes a discussion of recommendations that have been proposed for survivors of torture. Such recommendations have been found to help torture survivors become re-adjusted to society after the trauma has ended. Although the majority of these recommendations do not follow directly from my analysis, they are consistent with the existing torture rehabilitation literature. In addition, recommendations that have been made by scholars within the wrongful conviction community are provided. Finally, exonerees have made several recommendations based on their own experiences that I will provide here. In reviewing each of these recommendations, a way to help future exonerees become adjusted to post-release life will become clear.

HOUSING

The living situation of the exoneree at the time of the survey was the only independent variable that was found to be positively correlated with symptoms of depression, anxiety and PTSD. The relationship suggests that those exonerees who live in their own residence experience fewer symptoms of the mental health disorders than do

those exonerees who live in someone else's home, a hotel, or are homeless. Although the results of this study are tentative, they do suggest that some effort be made to assist exonerees in obtaining their own residence. The Re-entry Policy Council has suggested that housing is the foundation of successful re-acclimation to society following release from prison (cited in Innocence Project, 2007). Many exonerees live with family after their release, but those who do not have family have difficulty in securing housing. The Innocence Project has recommended that emergency public housing be made available to exonerees immediately following their release (2007). Within the torture literature, housing is one of the needs of survivors because it helps to re-establish a sense of independence and control over one's own life (Jaranson *et. al.*; 2001: pp 257-258). Re-establishing a sense of control is very important for both torture survivors and for exonerees because both groups have that control taken away from them while imprisoned.

The importance of securing housing for exonerees should be emphasized in any policy that is designed to assist exonerees after their release from prison. Given the results of this study as well as the evidence within the torture literature, it is clear that assistance in finding housing should be available for any exoneree who seeks it. Long term support in obtaining housing is important for successful re-integration into society. Although short-term housing should also be made available to exonerees immediately following their release, helping exonerees obtain a private long-term residence should be a priority in re-entry policies specific to those who have been wrongly convicted.

EMPLOYMENT

One of the greatest barriers to resettlement for torture survivors is finding and maintaining meaningful employment (Ehlers *et. al.*, 2000: p. 52; Basoglu *et. al.*, 2001: p. 46; Grounds & Jamieson, 2003: p. 355). An employment history which includes time spent in prison or has spaces of unemployment can make finding and keeping a job difficult. In addition, some survivors may have psychological difficulties in adjusting to a work place in which they must accept a figure of authority (Grounds & Jamieson, 2003: p. 355). Further, complications from mental health disorders such as PTSD can undermine the survivor's attempts to become employed (Basoglu *et. al.*, 2001: p. 46). Remaining unemployed only aggravates the economic difficulties that torture survivors experience (p. 46).

When looking for employment, exonerees sometimes find that their imprisonment history makes employers reluctant to give them a job. Those who find employment may have difficulties within their positions. For example, Kirk Bloodsworth was terminated from his job after people complained about his history of being in prison (Armbrust, 2003: 176). Bloodsworth quit his next job after finding anonymous notes on his vehicle (176). Not being able to achieve financial independence only exacerbates the difficulties in re-adjusting to post-prison life for exonerees.

Although employment status was not found to be correlated with any of the mental health disorders examined in the present study, it still deserves attention as some exonerees have reported that they have trouble finding employment (Center on Wrongful Convictions, 2002). In addition, unemployment has been identified within the torture rehabilitation literature as problematic for survivors (Ehlers *et. al.*, 2000: p. 52; Basoglu *et. al.*, 2001: p. 46; Grounds & Jamieson, 2003: p. 355). Future research that results in

better data can more fully investigate the effect employment has on post-exoneration adjustment.

In addition to becoming employed, survivors often need help acquiring basic needs such as food, clothing, medical, and financial stability before they can address the consequences of torture that they face (Jaranson *et. al.*, 2001: p. 257; McCullough-Zander & Larson, 2004: p. 61). Furthermore, survivors may need to be taught survival skills that they did not need prior to being tortured. Activities such as using a mass transit system and accessing the healthcare system may be new to survivors and providing them with the skills they need builds confidence and allows survivors to have control over the situation (McCullough-Zander & Larson, 2004: p. 61).

Exonerees sometimes have difficulty in adjusting to the technological changes that have taken place during the time they were incarcerated. For example, cell phones, computers and automated teller machines (ATM's) are new to many exonerees (Armbrust, 2003: p. 176). David Shepard, an exoneree who spent eleven years wrongly incarcerated, remembers how he was too embarrassed to ask for help when he was too afraid to use an ATM (p. 176). These situations can make exonerees feel unprepared for the modern world and makes their adjustment to post-prison life more difficult.

STORYTELLING & GROUP THERAPY

Allowing torture survivors to tell their story is a common portion of survivor treatment (Jaranson *et. al.*, 2001: p. 260) and can be very therapeutic (Jaranson, 1998: p. 27; McCullough-Zander & Larson, 2004: p. 59). Although telling the story of being traumatized is difficult for some survivors, they often report that being listened to is beneficial for them (McCullough-Zander & Larson, 2004: p. 59). While some survivors

are reluctant to tell their story, others are able to recount their ordeal without showing any emotion (p. 59). It is important that the story telling be carried out within a therapeutic setting (Jaranson, 1998: p. 27) and that the survivor is permitted to proceed at his or her own pace, and tell as much or as little of the story as they are comfortable with (Jaranson *et. al.*, 2001: p. 252; McCullough-Zander, 2004: p. 59). Allowing the survivor to control the situation will provide him or her with the opportunity to make his or her own decisions and will foster trust between the survivor and the person listening to the story. Furthermore, any person that is too aggressive when listening to the survivor tell his or her story could exacerbate the re-experiencing symptoms the survivor may have while telling his or her story (Jaranson *et. al.*, 2001: p. 252). Given that a survivor's trust in other human beings has been purposefully violated, this sense of trust must be re-established between any torture survivor and any professional who attempts to assist the survivor in adjusting to post-release life (Jaranson *et. al.*, 2001: p. 252). If adequate rapport is not established between a survivor and a mental health specialist, the survivor cannot be an active participant in his or her own recovery and will likely not continue to attend meetings with the specialist (p. 252).

In addition to telling their stories, involvement in group therapy with other survivors has been shown to be helpful for torture victims (Laurence, 1992: p. 314, Tizon, 2001: p. 467). Group therapy allows survivors to socialize with other people who have been through similar experiences. In addition, it helps survivors re-establish a sense of family (Jaranson *et. al.*, 2001: p. 258) as well as a sense of community and membership (Fischman & Ross, 1990 cited in Laurence, 1992: p. 315). Hearing that

other survivors may be experiencing the same or similar things helps validate the feeling that each individual survivor has (p. 315).

Exonerees that participate in story-telling activities often report that they feel better after they have done so. Story-telling can take many forms, including oral presentations, writing articles or books, participating in interviews, and attending group therapy with other exonerees.

EMERGENCY FUNDING

Financial compensation following an exoneree's release from wrongful incarceration would help them "get back on their feet." Not only do exonerees need help with obtaining their basic needs such as housing, they also need help paying for counseling sessions that help them to recover from the psychological trauma that wrongful incarceration presents (Center on Wrongful Convictions: 2002). When a panel of exonerees was asked about what role the state can play in an exoneree's post-prison life, the panelist said "take care of me, take care of my financial needs. Let me seek the proper help that I do need from people that have a neutral mind and that will look at me as a human being, not as a product of prison" (2002). Not providing exonerees with any financial resources when they are released from prison causes them to be dependent on others and may exacerbate the difficulties they have when re-adjusting to life outside of the prison.

CONCLUSION

The aim of this study was to investigate the effects of wrongful conviction on those who experience it. In categorizing wrongful conviction as a form of torture, I was able to base some of my conclusions on the pre-existing literature surrounding torture and

torture survivors. While it is clear that torture victims and those who are wrongly convicted have many of the same experiences and suffer from many of the same consequences, the sample utilized in this study is not adequate for establishing a causal relationship between wrongful conviction and anxiety, depression and PTSD in exonerees. Any causal relationship that exists needs to be identified and examined more thoroughly in future research. Although I am unable to establish a causal relationship, this study adds to the very limited body of research that is directly related to what exonerees experience while they are incarcerated as well as what they experience after they are released.

Works Cited

- American Psychiatric Association. 2000. Diagnostic and Statistical Manual of Mental Disorders. Washington DC: American Psychiatric Association Press.
- Armbrust, S. 2003. When Money isn't Enough: the Case for Holistic Compensation of the Wrongfully Convicted. *American Criminal Law Review*.
- Armour, S. (2004, October 13). Wrongly Convicted Walk Away With Scars. *USA Today*. Retrieved October 10, 2006 from <http://www.truthinjustice.org/scars.htm>
- Basoglu, M., Jaranson, J., Mollica, R. and Kastrup, M. 2001. "Torture and Mental Health: A Research Overview." In Gerrity, E., Keane, T. and Tuma, F. (Eds.) The Mental Health Consequences of Torture (pp. 35-62). New York: Plenum Publishers.
- Beck, A.; and Harrison, P. 2006. Sexual Violence Reported by Correctional Authorities, 2005. *Bureau of Justice Statistics: Special Report*. United States Department of Justice.
- Bernhard, A. 1999. When Justice Fails: Indemnification for Unjust Conviction. *University of Chicago Law School Roundtable*, 6: 73-112.
- Bichescu, D.;Schaue, M.; Saleptsi, E.; Neculau, A.; Elbert, T.; and Neuner, F. 2005. Long-Term Consequences of Traumatic Experiences: An Assessment of Former Political Detainees in Romania. *Clinical Practice and Epidemiology in Mental Health*, 1 (17).

- Boggan, S. (2000, July 7). Down and Out. *The Independent (London)*. Retrieved October 6, 2006 from http://www.findarticles.com/p/articles/mi_qn4158/is_20000707/ai_n14327540/print
- Borchard, E. 1932. Convicting The Innocent. New York: Garden City Publishing.
- Brown, J. and Gaines, J. 1990. Joyce Ann Brown: Justice Denied. Texas: Noble Press Inc.
- Bryman, A. 1988. Quantity and Quality in Social Research. London: Unwin Hyman.
- Center on Wrongful Convictions. 2002. Gary Gauger was Sentenced to Death Based Mostly on Statements he Allegedly Made During an Interrogation That Authorities Claimed Amounted to a Confession. Retrieved December 19, 2006 from: <http://www.law.northwestern.edu/depts/clinic/wrgonful/exonerations/gauger.htm>
- Cieslak, D. (2004, June 3). Trying to Escape Bitterness: Cleared by DNA, Krone Speaking Out. *The Arizona Republic*. Retrieved October 10, 2006 from http://libproxy.nau.edu:2185/iw-search/we/InfoWeb?p_action=doc&p_docid=10AC63B120A5EB6F&p_docnum=1&p_queryname=2&p_product=AWNB&p_theme=aggregated4&p_nbid=B5AV5AFP MTE2MDUwODg5NC4zNjUzOTE6MToxMzoxMzQuMTE0Ljk2LjEw
- Cohen, S. 2005. States of Denial: Knowing About Atrocities and Suffering. Cambridge and Massachusetts: Polity Press.
- Combs, C. (2003) Terrorism in the Twenty-First Century, 3rd Edition. New Jersey: Prentice Hall.
- Derogatis, L. and Savitz, K. 1999. The SCL-90 Brief Symptom Inventory and Matching Clinical Rating Scales. In Maruish, M. (Ed.) The Use of Psychological Testing for Treatment Planning and Outcomes Assessment. (pp. 679-724). London: Erlbaum.
- Drizin, S. and Leo, R. 2004. The Problem of False Confessions in the Post-DNA world. *North Carolina Law Review*.
- Ehlers, A.; Maercker, A., and Boos, A. 2000. Posttraumatic Stress Disorder Following Political Imprisonment: The Role of Mental Defeat, Alienation, and Perceived Permanent Change. *Journal of Abnormal Psychology*, 109 (1): 45-55.
- Forrest, D. 1996. "Torture Through the Ages." In Forrest, D. 1996 A Glimpse of Hell: Reports on Torture Worldwide (pp. 21-25). New York: New York University Press.
- Gerrity, E.; Keane, T.; and Tuma, F. 2001. The Mental Health Consequences of Torture. New York: Kluwer Academic/Plenum Publishers.

- Gibson, L. Holt, J. Fondacaro, K.; Tang, T.; Powell, T. and Turbitt, E. 1999. An Examination of Antecedent Traumas and Psychiatric Comorbidity Among Male Inmates with PTSD. *Journal of Traumatic Stress*, 12 (3): 473-484.
- Gillespie, W. 2004. "The Context of Imprisonment." In Stanko, S.; Gillespie, W.; and Crews, G. 2004. Living in Prison: A History of the Correctional System With an Insider's View. Connecticut and London: Greenwood Press.
- Green, F. (2000, April 2). Question of Life or Death: Illinois Exonerations Spark Capital-Punishment Debate. *Richmond Times-Dispatch*. Retrieved December 19, 2006 from: <http://www.truthinjustice.org/gauger.htm>
- Gross, S., Jacoby, K., Matheson, D., Montgomery, N. and Patil, S. 2005. Exonerations in the United States 1989-2003. *The Journal of Criminal Law & Criminology*. 95 (2): 523-560.
- Grounds, A. and Jamieson, R. 2003. No Sense of an Ending: Researching the Experience of Imprisonment and Release Among Republican Ex-prisoners. *Theoretical Criminology*. 7 (3): 347-362.
- Grounds, A. 2004. Psychological Consequences of Wrongful Conviction and Imprisonment. *Canadian Journal of Criminology and Criminal Justice*. 46(2): 165-183.
- Haney, C. 2002. The Psychological Impact of Incarcerations: Implications for Post-Prison Adjustment. Paper prepared for the "From Prison to Home Conference" (January 30-31, 2002)/.
- Haney, C. 2006. Reforming Punishment: Psychological Limits to the Pains of Imprisonment. Washington, DC: American Psychological Association.
- Hochstetler, A.; Murphy, D.; and Simmons, R. 2004. Damaged goods: Exploring Predictors of Distress in Prison Inmates. *Crime & Delinquency*. 50 (3): 436-457.
- Huey, M.; and McNulty, T. 2005. Institutional Conditions and Prison Suicide: Conditional Effects of Deprivation and Overcrowding. *The Prison Journal*. 85 (4): 490-514.
- Huff, C. R.; Rattner, A.; and Sagarin, E. 1996. Convicted but Innocent: Wrongful Conviction and Public Policy. Thousand Oaks: Sage Publications
- Innocence Project, The. 2006. Compensating the Wrongfully Convicted. Retrieved December 19, 2006 from: http://www.innocenceproject.org/docs/Compensation_Fact_Sheet_11_06_06.pdf

- Jacobi, J. 2005. Prison Health, Public Health: Obligations and Opportunities. *American Journal of Law & Medicine*. 31 (4): 447-478
- James, D.; and Glaze, L. 2006. Mental Health Problems of Prison and Jail Inmates. *Bureau of Justice Statistics: Special Report*. United States Department of Justice.
- Jaranson, J., Kinzie, D, Friedman, M., Ortiz, D., Friedman, M.J., Southwick, S. *et. al.* 2001. "Assessment, Diagnosis, and Intervention." In Gerrity, E., Keane, T. and Tuma, F. (Eds.) The Mental Health Consequences of Torture (pp. 249-275). New York: Plenum Publishers.
- Jaranson, J. 1998. "The Science and Politics of Rehabilitating Torture Survivors: An Overview." In Jaranson, J and Popkin, M. (Eds.), Caring for Victims of Torture (pp. 15-40). Washington, DC: American Psychiatric Press.
- Jempson, M. 1996. "Torture Worldwide." In Forrest, D. A Glimpse of Hell: Reports on Torture Worldwide (pp. 46-86). New York: New York University Press.
- Johnson, E. (2005, February 9). The Guildford 4: Blair Apologizes to Wrongly Convicted Men. Retrieved December 19, 2006 from: http://www.injusticebusters.com/05/Conlon_Gerry.shtml
- Krone, R. (2002, May 3). Take it From One Who Knows: Death Penalty System is Broken. *St. Paul Pioneer Press*. Retrieved October 10, 2006 from <http://www.ccadp.org/raykrone.htm>
- Laurence, R. 1992. Part II: The Treatment of Torture Survivors: A Review of the Literature. *Issues in Mental Health Nursing*, 13: 311-320.
- Leo, R. and Ofshe, R. 1998. The Consequences of False Confessions: Deprivations of Liberty and Miscarriages of Justice in the Age of Psychological Interrogation. *Journal of Criminal Law & Criminology*. 88 (2): 429-496.
- Leo, R. 2001. "False Confessions: Causes, Consequences, and Solutions." In Westervelt, S. and Humphrey, J. Wrongly Convicted: Perspectives on Failed Justice. New Brunswick: Rutgers University Press.
- Lindquist, C. 2000. Social Integration and Mental Well-Being Among Jail Inmates. *Sociological Forum*. 15 (3): 431-455.
- Lopez, A. 2002. \$10 and a Denim Jacket? A Model Statute for Compensating the Wrongly Convicted. *Georgia Law Review*, 36 (3): 665-722.
- McCullough-Zander, K. and Larson, S. 2004. "The Fear is Still in Me," Caring for Survivors of Torture. *American Journal of Nursing*. 104 (10): 54-64.

- McMurtrie, J. 2005. The Role of the Social Sciences in Preventing Wrongful Convictions. *American Criminal Law Review*.
- Miller, S and Fredericks, M. 1994. Qualitative Research Methods: Social Epistemology and Practical Inquiry. New York: Peter Lang Publishing.
- Mollica, R. 2004. Surviving Torture. *New England Journal of Medicine*, 351 (1): 5-7.
- Ortiz, Sister Diana. 2001. "The Survivor's Perspective: Voices from the Center." In Gerrity, E.; Keane, T.; and Tuma, F. 2001. The Mental Health Consequences of Torture (pp. 13- 34). New York: Kluwer Academic/Plenum Publishers.
- Page, W.; Engdahl, B.; and Eberly, R. 1997. "Persistence of PTSD in Former Prisoners of War". In Fullerton, C. and Ursano, R. (eds.) Posttraumatic Stress Disorder: Acute and Long-Term Responses to Trauma and Disaster (pp 147-158). District of Columbia and London: American Psychiatric Press, Inc.
- Radelet, M.; Bedau, H., and Putnam, C. 1992. In Spite of Innocence. Boston: Northeastern University Press.
- Ricci, J. (2004, August 16). Punishing Start for the Freed. *Los Angeles Times*. Retrieved December 19, 2006 from: <http://www.prisonactivist.org/pipermail/prisonactivist/2004-August/009304.html>
- Risinger, D. Michael. 2006. "Convicting the Innocent: An Empirically Justified Wrongful Conviction Rate". Retrieved November 2, 2006 at SSRN: <http://ssrn.com/abstract=931454>
- Robertson, J. 1999. Cruel and Unusual Punishment in United States Prisons: Sexual Harassment Among Male Inmates. *American Criminal Law Review*, 36: 2.
- Scheck, B.; Neufeld, P.; and Dwyer, J. 2003. Actual Innocence: When Justice Goes Wrong and How to Make it Right. New York: New American Library Press.
- Seiter, R.; and Kadela, K. Prisoner Reentry: What Works, What Does Not, and What is Promising. *Crime & Delinquency*, 49 (3): 360-388
- Silove, D. 2003. Overcoming Obstacles in Confronting Torture. *Lancet* 361 (9368): 1555-1556.
- Simon, R. 1993. The Psychological and Legal Aftermath of False Arrest and Imprisonment. *Bulletin of the American Academy of Psychiatry & the Law*. 21 (4): 523-528.

- Stanko, S.; Gillespie, W.; and Crews, G. 2004. Living in Prison: A History of the Correctional System With an Insider's View. Connecticut and London: Greenwood Press.
- Stover, E. and Nightingale, E. (eds.). 1985. The Breaking of Bodies and Minds: Torture, Psychiatric Abuse, and the Health Professions. New York: W.H. Freeman and Company.
- Suedfeld, P. 1990. Psychology and Torture. New York: Hemisphere Publishing Corporation.
- Tizon, O. 2001. Dreams and Other Sketches From a Torture Survivor's Notes. *Professional Psychology: Research and Practice*, 32 (5): 465-468.
- Vollen, L. and Eggers, D. (Eds.) 2005. Surviving Justice: America's Wrongfully Convicted and Exonerated. California: McSweeney's Books.
- Warden, R. 2005. Wilkie Collins's 'The Dead Alive': The Novel, the Case, and Wrongful Convictions. Evanston: Northwestern University Press.
- Weisman, R. 2004. Showing Remorse: Reflections on the Gap Between Expression and Attribution in Cases of Wrongful Conviction. *Canadian Journal of Criminology and Criminal Justice*. 46 (2): 121-139.
- White, W. 2003. Confessions in Capital Cases. *University of Illinois Law Review*.
- Young, G. (2002, December 17). No Easy Windfalls for Exonerated. *The National Law Journal*. Retrieved October 5, 2006 from <http://www.law.com/jsp/law/LawArticleFriendly.jsp?id=1039054449138>