

What Promotes healing among the wrongfully convicted? Results from a qualitative study of exonerated persons in California

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Abstract

Background: Exonerees are individuals who have been wrongfully convicted of a crime. Later found innocent and released from prison, exonerees often spend decades incarcerated.

While limited, research suggests that the unique trauma of wrongful conviction has profound adverse mental health implications which challenge reintegration, well-being and healing. In this study we examined exoneree perceptions of their mental health and coping mechanisms used to support healing.

Methods: We conducted a qualitative study utilizing a phenomenological approach to examine shared coping and healing mechanisms among exonerees. Twelve California exonerees participated in semi-structured interviews describing their experiences with coping and healing due to wrongful conviction. Interviews were audio recorded and transcribed, transcripts were coded with a hybrid coding scheme utilizing a thematic analysis.

Results: Overall findings underscore the lifelong trauma and subsequent adverse mental well-being among wrongfully convicted exonerees, framed in association with depression, anxiety, post-traumatic stress disorder (PTSD) and hypervigilance. Three areas emerged as valuable coping mechanisms for exonerees that support a pathway toward healing: 1) Peer support and building community with other exonerees through organized meetings (convenings and healing circles); 2) Community education to build community awareness through storytelling; and 3) Advocacy engagement in the wrongful conviction movement and criminal justice reform.

Conclusions: Complementing comprehensive mental health services with opportunities for peer support, advocacy, and community education through storytelling may help exonerees regain lives lost to their wrongful convictions.

Keywords: Adaptation, Psychological; Criminal Law; Mental Health; Psychological Trauma.

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Introduction

Exonerees are individuals who have been wrongfully convicted and incarcerated of a crime. Later found innocent and released from prison, many exonerees often spend decades

incarcerated. There are an estimated 5,000 to 10,000 wrongful convictions each year in the United States and since 1989, 2,684 individuals have been exonerated nationwide, including 207 from California (1). California ranks fourth in U.S. state

exonerations, behind Texas (389); Illinois (336); and New York (298) (1). While the average length of imprisonment is almost 9 years, 52 exonerees served over 30 years each, the longest of these individuals serving 45 years and 2 months (1).

Exonerees were accused and found guilty of crimes that they did not commit. While exoneration is the first step toward healing and restoration, exonerees face an uphill battle rebuilding their lives from scratch upon release into their communities. New challenges upon reintegration back into society include securing basic needs such as housing, employment, transportation, medical and mental health care (2, 3). These issues are further compounded by strained family relationships, support systems and safety nets that often vanish during incarceration (4, 5).

Moreover, despite being legally absolved of the crime, or crimes, resulting in their wrongful conviction, state and federal agencies have historically denied exonerees the needed assistance to restart their lives (6). For example, individuals who parole out of prison are generally eligible to receive reentry support, such as job placement services, transitional housing, family support and counseling, while exonerees are generally left without essential reentry services (7). Further, while remuneration cannot replace the years lost in prison, less than half (42%) of all exonerees receive any form of compensation (8). The injustice of wrongful incarceration is further exacerbated by the collateral consequences of having a criminal record, which can impede options for finding housing and employment. For many exonerees there is the added traumatization from the legal fights to expunge criminal records, an expensive process that can take several years to resolve (9). Until officially removed, felony convictions remain in federal databases, which can further victimize exonerees during applications that require background checks or at

common traffic stops (9). In addition to the legal processes to clear criminal records, countless exonerees never receive an apology from the state in which they were wrongly imprisoned (7, 10).

Like other formerly incarcerated individuals, exonerees suffer the long-term impacts of incarceration and are at increased risk of adverse mental and physical health outcomes, chronic disease, and premature mortality; as incarceration presents individuals with a litany of health risks such as poor diet, violence, physical and sexual assault, overcrowding, and exposure to infectious diseases with lasting consequences (11). Coupled with the devastation and trauma of imprisonment, exonerees also undergo a myriad of mental health issues resulting from the wrongful incarceration itself (12, 13, 14). While limited, available research on the psychological and social impacts of wrongful imprisonment identifies numerous challenges, including post-traumatic stress disorder (PTSD), depression and anxiety, fractured relationships with families and loved ones, the stigma of prison, and overall challenges of reintegration and adjustment to a new life after years of loss (8, 12, 13, 15). Added to this burden is growing evidence that suggests the mental health outcomes of exonerees often resemble the devastating trauma experienced by military veterans and torture survivors (13, 16). These parallels highlight the severe psychological and neurological effects of wrongful conviction and long-term imprisonment, which underscores the challenges of healing and restoration among individuals, post-release.

A significant understanding of the reintegration process and coping comes from research exploring the experiences of returning citizens (non-exoneree). These studies reveal social support as a critical factor in mitigating the psychological trauma and reintegration needs for reentry populations (2, 17, 18, 19). Returning

citizens benefit from the guidance of peers with whom they can share their experiences, which provides a support system for accountability, a sense of belonging, and a sense of purpose in life (2, 18, 19). Unlike clinical interventions, peer support provides a sense of community, validation, kinship and acceptance (20).

In response to the onerous challenges faced by exonerees upon reentry, a small but emerging research explores strategies for coping and healing among this unique population. Studies emphasize the benefits of social support from peers to aid in their healing journey (8, 13, 15). For example, DeShay (2016) found the value of organized meetings and forums as key opportunities for exonerees to share their experiences and a general desire to help one another as a means of coping with their circumstances (15). In addition, advocacy work and civic engagement have also been identified as prominent coping mechanisms for many exonerees, promoting leadership and supporting policy reform, in addition to building self-efficacy (12, 13,20). Sharing stories of their personal experiences through public speaking engagements is also cited as a key coping mechanism for some exonerees, and has been viewed as a means to empower and promote well-being (12, 13, 20).

In an effort to expand on this literature and develop an advocacy agenda that supports reintegration and healing we conducted a qualitative study to explore the overall health status, immediate and long term needs of people wrongly convicted and incarcerated in California.

Methods

Data used for this analysis are part of a larger study, the California Exoneree Health and Well-Being Study (CEHW) conducted in partnership with an exoneree led non-profit organization based in Oakland, California, dedicated to providing exoneree support. Using semi-structured interviews, the CEHW study explored

participant's physical, mental, and emotional health status and needs for immediate and long-term support; data was collected between April – May 2017. This paper specifically explores participant's self-reported mental health and well-being status, coupled with coping mechanisms used to improve mental health and heal from wrongful conviction and incarceration. The researchers used a constructivist paradigm and phenomenological approach due to the belief in multiple realities constructed through lived experiences; particularly to understand the experiences of coping and healing from the unique trauma of wrongful conviction and incarceration. Phenomenology allows for the investigation of a specific subject, or phenomenon, and to find patterns and shared meaning across the phenomenon (22,23). We approached the analysis looking for both individual and shared experiences across the study population.

Data Collection

Using a convenience sampling method, participants were recruited via a contact list of 23 exoneree members from the non-profit's network. Information describing the research was emailed to contact list members. Following initial outreach, the non-profit program manager emailed, texted or phoned potential participants to further explain the study and invite them to participate; once potential participants expressed interest, the principal investigator scheduled interviews. Of the 23 individuals recruited, 13 responded with interest to participate, one of whom was ultimately excluded because they did not meet our inclusion criteria of having served time for their wrongful conviction. A total of 12 people that experienced wrongful conviction and incarceration in California participated in the study. Interviews were conducted at the offices of the Northern California Innocence Project and the Project for the Innocent at Loyola Law School; for participants unable to travel to

these sites, arrangements were made at convenient locations in California

Written informed consent was obtained prior to the start of the interview. A short survey was self-administered to collect demographic data including age, gender, race/ethnicity, education, marital status, parental status, employment, income and housing status, self-reported health status, health access/insurance and type(s) of social support upon release. The survey also asked the following pertinent questions about participant's wrongful conviction: crime of which participants were convicted, reason(s) for wrongful conviction, length and type of sentence, years served, and jurisdiction of the wrongful conviction.

The interview guide was developed by research team members, including an exoneree researcher (collaborating partner organization) whose participation helped assess questions for their dependability and validity. All interviewers employed the interview guide to ensure consistency of questions across interviews. Participants were asked open-ended questions to assess current health (physical, mental, emotional, financial and social) status. The following topics were covered in the interview guide: 1) the exoneration process; 2) life in the first months after release; 3) life now; 4) compensation; and 5) advice for other exonerees. The interview guide was administered in a conversational manner, which allowed interviewers to employ prompts to elicit meaningful responses to answer each of the questions (24). Time was provided to explore any additional topics that arose during the interviews. Interviews were transcribed verbatim by a transcription service, verified against the audio recordings and then reviewed by four members of the research team. All personal identifiers were removed from each transcript and replaced with an identification number that matched to each respondent's intake survey. Data was stored on a secured server with a two-step verification process. Interviews ranged

from one to three hours in length with the average interview lasting 1.5 hours. Participants received \$150.00 Visa Gift card for participation.

Researcher Characteristics

Two African American female authors conducted 11 of the 12 interviews, with one conducted by a European American female author. Two authors have familial history of incarceration; two have worked in carceral settings and one is an exoneree of the partnering non-profit organization who served 17 years in prison for a crime that he did not commit. One of the authors served on the board of the collaborating partner organization but had never been in contact with any of the participants prior to the study. All university study investigators were involved in the development of the collaborating university's criminal justice and health equity concentration, initiated at the time of the research.

Coding and Analysis

Interviews were transcribed verbatim by a professional transcription service and were subsequently reviewed by the PI and any inaudible portions were corrected. Interview transcripts were coded with a hybrid coding scheme using both deductive and inductive codes as described by Fereday & Muir-Cochrane (25). Thematic analysis was employed to analyze data and present findings related to the study's aims (26). Mental well-being and coping mechanisms were two of the domains created by the interview protocol with themes emerging from responses from the following questions: What was your mental and physical health like when you were first released from prison? How did you handle these challenges? What is your mental and physical health now? How are you handling these challenges? Within both domains, initial codes were created and further organized into themes.

Analysis began with study investigators reading 6 of the 12 transcripts, recording initial observations. Using open coding,

initial observations were reviewed and revised through further reading of the transcripts and used to develop a preliminary codebook with the themes that were emerging from the transcripts. During this process, several themes emerged to reflect how participants defined their mental health and well-being and their coping mechanisms for healing. For the domain of mental well-being status, 35 codes were identified and extracted to compose three major themes: chronic trauma, Post-Traumatic Stress Disorder, and hypervigilance. Coping mechanism themes were extracted from 65 codes to construct three major themes (peer support, community education, advocacy engagement) and 8 minor themes (family support, attorney support, positive relationships, journaling and writing, being in nature, engaging with other survivors of trauma, support animals, and physical activity).

The codes were reviewed for consistency and validity by the first and second authors to ensure that the identified themes were accurate reflections of the interview data (26). Each theme was then named and defined and a refined codebook was applied to all transcripts to identify the associated themes. To ensure analytic rigor and reliability, the first and second authors met throughout the process to review codes and early analytic findings, engaging in ongoing self-reflexivity and memoing (27), with discrepancies resolved by discussions between these two investigators. In addition, early and continuous analysis was shared and discussed with the study's collaborating partner author to gain reflection and credibility.

This study was approved by the Institutional Review Board at Touro University California.

Results

More than three-quarters (83.33%) of study participants identified as men (Table 1).

Whites/Caucasians comprised half of the sample (50%) followed by Blacks/African Americans (25.) and Latinx/Hispanics (25%). Roughly one-third (33.33%) were 60 and older, and 25% were between the ages of 50 and 59 years of age. Half (50%) were married; three-quarters had at least some college and two had Bachelor's degrees; and just over half (58.33%) were currently employed on a part-time or full-time basis.

Table 1: Demographic data of participants

Demographics	Frequency (%)
Gender	
Male	10 (83.33)
Female	2 (16.67)
Race/Ethnicity	
African American/Black	3 (25.00)
Latinx/Hispanic	3 (25.00)
White/Caucasian	6 (50.00)
Age (years)	
30 – 39	3 (25.00)
40 – 49	2 (16.67)
50 – 59	3 (25.00)
≥60	4 (33.33)
Marital Status	
Married	6 (50.00)
Divorced	1 (8.33)
Single/never married	4 (33.33)
Unknown	1 (8.33)
Educational Level	
High school or equivalent	3 (25.00)
Some college	5 (41.66)
Associates Degree	1 (8.33)
Bachelor's Degree	2 (16.66)
Employment	
Full-time (40 hours/week)	4 (33.33)
Part-time (less than 40 hours/week)	3 (25.00)
Not employed/Not seeking work	2 (16.67)
Retired	2 (16.67)
Student	1 (8.33)

Ten of the 12 respondents received life sentences. Actual lengths of time served ranged from 2.5 to 27 years, with a median of 13 years and a combined total of 168 years served for the entire sample. Seven exonerees were convicted of murder and two were convicted of sexual assault. The remaining study participants were individually convicted of attempted murder, rape, and kidnapping.

Almost all respondents provided more than one reason for their wrongful convictions which included neglectful counsel (N=8), perjury/false accusation (N=8), government, official, or prosecutorial misconduct (N=6), mistaken eyewitness identification (N=6), false or misleading forensic evidence (N=3), snitches (N=3), and false confession (N=1).

Mental Well-Being

Woven throughout the interviews were participants’ reflections of their mental health and well-being status in association with the chronic trauma they suffer as a result of their wrongful convictions coupled with the inhumane experiences and circumstances of prison. Themes associated with exoneree’s mental well-being and coping mechanisms are listed in Table 2.

Chronic Trauma

In spite of their freedom and release from prison, exonerees expressed that the impacts of their wrongful incarceration damaged them for life. All participants talked about exoneration and release as a “double-edged sword,” upon the realization that the damage was permanent. After serving sometimes decades of their lives,

being released did not mitigate the trauma of their wrongful convictions. One participant, incarcerated for 20 years stated:

“I have gone through so much trauma, and I have been damaged, I have been damaged to the point to where just being released wasn’t giving me a cure, it may have seemed like it was a cure through a blessing, but then after the blessing goes away, the cure is just like a wall, a damaged wall, and that’s how I’m feeling now.”

This sentiment of feeling damaged was echoed by another exoneree:

“...if people don’t have cancer, they might as well because there is a scar in their brain that’s never going away... we’ll never be whole again. We’ll never feel whole...”

Post-traumatic Stress and Depression

Participants framed the impacts of their trauma in association with depression, anxiety, and post-traumatic stress disorder (PTSD). When asked about what life is like now, 11 of the 12 exonerees described a constant battle with these symptoms since their release from prison. One participant noted the following:

“Even though I’m out here going through

Table 2: Domains and Themes: Mental Well-being Status & Coping Mechanisms

Domain	Major themes	Minor themes
Mental Well-Being Status*	Chronic trauma	
	Post-traumatic Stress and Depression	
	Hypervigilance	
Coping Mechanisms	Peer support	Family Support
	Community education to build awareness	Attorney Support
	Advocacy engagement	Journaling and writing
		Being in nature
		Support animals
		Physical exercise
		Positive relationships
		Engaging with survivors of trauma**

*Mental well-being was self-reported and generated from participant interviews which may not represent a clinical diagnosis. Three major themes were represented across all interviews and reflected in-depth discussion.

** These are individuals who were survivors from death row, the Holocaust, and domestic violence.

my how do you say ... my mental and stress... I feel like a broke down Chevy now from what I used to feel, and that's bad man, that's ... stress, and like I say, my stress come from the way the system has did me, my stress come from the PTSD that I go through everyday that I can't shake, I can't get rid of it...there's no good way of feeling that the system took all these years from you"

Compounding their challenges was the feeling that their plight was not understood by non-exonerees. For many, there was an appearance of a "good life;" which as one participant described, his life looked successful "by everybody's definition of a middle class American." Despite being a healthy working professional with a wife and family, he spoke of the severity of the long-term effects of his wrongful conviction:

"...on the inside obviously things aren't rosy and beautiful because I still suffer from this PTSD, and I have a lot of anger inside, a lot of frustration..."

Hypervigilance

A state of increased alertness and sensitivity to real or imagined dangers was noted by a number of exonerees. Participants talked about daily routines of hypervigilance, such as taking measures to avoid the perceived threat of once again being wrongfully accused of a crime:

"I saved all of my receipts, every little receipt from... it didn't matter what the purchase was, just to sort of track my time and my whereabouts because I was wrongfully convicted on mistaken identity, and even though my father and my co-worker testified in my defense where I was at the day and time the crime was committed, it wasn't enough, so I just felt like a need to have something to track my whereabouts other than somebody saying they knew where I was at a certain time."

Having been wrongfully convicted, exonerees explained how they felt that

every situation could potentially put them at risk again:

"I see one person maybe going to their car to go to work in the morning or walking their dog, I would get up and run into the house because I don't never ... want to be a person even being seen out here just in case something may happen. What if somebody would have killed a lady or killed a dude that was going to his car, and then people was like who... did you see anybody? Oh, I seen the guy that was... that lived right here. He was sitting on the stairs... It's like I'm already guilty. I already feel guilty because this is not my society and if persons say, oh somebody was killed. Hey man, this guy right here was just released."

Coping Mechanisms

Several strategies emerged from the interviews that helped exonerees cope with the mental health impacts of their wrongful conviction and support a pathway toward healing, post-release. Minor themes included support from family and partners who often provided essential needs such as housing, as noted by six exonerees. Support from post-conviction attorneys was also discussed as a coping mechanism for six participants who relied heavily on their attorneys for basic needs such as housing, healthcare, and financial assistance. Writing and journaling about lived experiences was another coping mechanism discussed by four participants. Going to therapy was discussed as a positive coping mechanism for four exonerees, while others talked about their fears, lack of trust and disappointments with traditional therapy. Lastly, being in nature, engaging in physical exercise, connecting with survivors of other trauma, positive relationships and having support animals were minor themes, each described by three exonerees as coping mechanisms.

Major themes were those that were repeated most frequently across just over three-quarters of all interviews and viewed as relevant within the context of healing and

well-being, were peer support (N=10), advocacy engagement opportunities (N=9), and community education to build awareness (N=10). Supported by direct quotes from respondent interviews, the major themes are detailed in the following results.

Peer Support

Peer support from fellow exonerees was critical in understanding one's own mental well-being and mental health status, as expressed by ten of the twelve exonerees. Participants talked about peer support as a vital coping mechanism to support healing among individuals who shared the same unique experience of wrongful conviction. In essence, it is an exclusive club and peer support opportunities provided a sense of connection and belonging. It also helped exonerees understand their own emotional responses to their wrongful convictions: When talking about the psychological impacts of trauma after release, many exonerees noted a revelation and understanding of their feelings of depression. Notwithstanding the obvious benefits of freedom, many talked about coming to terms with their depression. One participant noted:

"...I really learned being with them [exoneree peers] was why are we going into depression, ...I went through 23 years in prison... I've got a car and a truck and a motorcycle. I've got a key. I can open the door myself, and that's a big thing. I can go travel. I can do things. I am dating pretty young girls, and yet I'm depressed. I would go through these depressions and they would just hit, and I've never been depressed in my life, I never understood depression... [A fellow exoneree said to me] It's your mind mourning and fighting for the lost time."

Opportunities for peer support were discussed in the context of organized gatherings, including convenings and healing circles. These opportunities were specific to exonerees and arranged by

exoneree support organizations and innocence networks.

Convenings

Exonerees described the healing benefits of coming together with individuals who shared the same unique experience of wrongful conviction. Convening with other exonerees seemed to serve as a mechanism for fostering peer support. Recognizing the value of these convening opportunities, one participant described coming together with peers as a necessity for healing, a sentiment shared by the overwhelming majority of interviewees:

"I got to do [it] more often, I know that, but it was, I could feel it, right, when I was in that room with those exonerees, I just felt it, it was like wow, it was the healing and being able to talk to each other the way we do and understand each other, [he] was beyond like a brother, like a family, it was just, it was deep and it was very healing. It felt good."

Exonerees described these gatherings as a chance to gain validation for their experiences. This sentiment was articulated by an exoneree reflecting on their participation at an exoneree convening:

"I didn't realize that until I went to the summit and I was saying that earlier regardless of where we go from now, just for us to get here together right now, I could feel that just being able to talk to other exonerees that understood and like I said, we talk our own language."

Participants also emphasized how these meetings provided exonerees with their own space and an opportunity for meaningful communication to support one another. This notion was described by one exoneree who shared their observations of this as a natural occurrence that happens from being around each other. These opportunities also support the development of trusting and supportive relationships:

"...it's that kind of communication and what we do for each other that help each

other break down those walls, because we tend to build walls, and so when we're around each other, we normally just break down those walls, because of our communication, our interpersonal relation with each other."

Healing Circles

Described as safe spaces for people suffering from similar trauma to gather and speak openly about their experiences among their peers (26), healing circles were discussed as another strategy used by exonerees to connect and support one another. Many participants noted that these opportunities sparked an understanding and acceptance of themselves and their internal struggles. Participants talked about healing circles as an important resource that helped illuminate that they were not alone. This sentiment was clearly expressed by three exonerees reflecting on the therapeutic effects of healing circles:

"I am sitting in a circle with these guys, sitting in the fire, which is the terminology, and I was able to see all these other OGs are affected as much as I am because for 28 years, I think it was before I actually sat with these guys, I thought I was alone. I didn't know anybody like me. I could see guys on the news when they got out and such, but I didn't know what their mental state was like. I thought I was broken... and it wasn't until I sat in the fire with these gentlemen that I realized, oh shit, I'm not alone."

"...there's other individuals here that went through and are going through the same things as you are... you know what, I can relate to him."

"... going so deep with these groups... and in those circles, it has helped me heal, and it has helped me become aware so much..."

Community education to build community awareness

Participants expressed the power of sharing their stories as another important venue toward healing. Storytelling opportunities

included speaking to groups and organizations, schools, prisons, churches and the media to educate and build awareness about wrongful conviction and advocate for change in support of the plight for exonerees.

Telling and sharing their own experiences to groups and organizations was highlighted as a major opportunity to educate and build awareness to the general public. While sharing their personal experiences was sometimes complicated, as it has both therapeutic benefits as well as the potential for triggering painful memories, it still served as an important empowerment tool to some. This was described by one participant who discussed both their trepidation and pain in telling their story as they recounted the healing opportunity that it afforded because they were being heard, which for this person was equated to a counseling session:

"When I first did my first public speaking here last year, I knew it was going to be painful. I said, oh, I got to bring this stuff to the surface again. I have buried and suppressed this stuff so much. This is what I didn't want to do, but I got to revisit this. And it's just counseling sessions, being able to talk about it. That in itself is good, this is good. I'm helping, you're probably helping me more than I am helping you, just by you listening, by you caring..."

This sentiment was echoed by another exoneree who talked about the personal gain of sharing their story of wrongful incarceration to churches, juvenile halls and college campuses after serving 27 years:

"It was my therapy. That's my therapy. That's my therapy right there that helped me a lot to get through a lot of pain."

The healing power of sharing their struggle through retelling their stories was underscored by the observation from one exoneree who noted a reciprocity involved in storytelling. In essence, for some, because their stories could motivate the general public to action, this fostered

fulfillment and a desire to talk about their lives:

“[By sharing my story, I understand] how much I can help people, how it educates, how it empowers, how it motivates and inspires ... So now ... as painful as it may be sometimes, [I see] how much good comes out of it, to take and turn a negative to a positive and these -- it can be something that can hurt us and keep us limited and suffering our whole lives or it can be something ... that you can offer the world and seeing what my story, my struggle, my pain, my experience can do for people, I just want to keep sharing it.”

Advocacy Engagement

Engagement in advocacy work on behalf of criminal justice reform and the wrongful conviction movement specifically was highlighted in nine out of twelve interviews. Exonerees talked about being fulfilled by participating in the policymaking process. Getting engaged in specific actions to promote policy change on behalf of wrongful conviction and overall criminal justice reform was also discussed by exonerees. One exoneree, who served 20 years in prison, spoke about their participation in policy reform actions in California to help advocate for legislation to improve the lives of other exonerees upon release:

“I would go around and do speaking, bring my story of awareness out there, I’ve been lobbying in the state capital, testifying for new laws that could be better understanding to ways of dealing with exonerees and wrongful convictions because there is no law, there is no statutes in place to deal with wrongful conviction, so I’ve been sharing my story, I’ve been enlightening, giving testimony to what’s the best way for an exoneree to be able to cope with life and be able to get through everyday life without having that stigma of the heavy PTSD or being in prison for a crime we didn’t do...”

The significance of advocating for reform was also underscored and talked about as a means to give back to individuals who have not been exonerated and to support overall criminal justice reform. This was expressed by one exoneree, whose sentiment calls attention to their desire to help others and to have their work serve as a beacon for hope and change:

“Reaching back because we don’t know how many people are left behind. We’ll never know how many folks are still left behind because nobody believes us, so the least we can do is keep reaching back. Give back to somebody. So that’s my agenda, my life’s mission now is give back and try to help others.”

Discussion

The exonerees that we interviewed expressed a wide range of mental health difficulties due to the dual impacts of their wrongful convictions and subsequent incarceration. We know that being incarcerated has long-term adverse impacts on the mental health of inmates and trauma is further compounded by the fact that they were convicted and imprisoned for crimes that they did not commit. Our participants described a multitude of mental health challenges presented by wrongful conviction, including the feeling of irreversible trauma, depression, anxiety, hypervigilance, and how for many of them, the fear of again being wrongfully convicted impacted their activities of daily living.

To cope with these challenges, exonerees indicated that peer support can be enormously helpful, as fellow exonerees understand the unique trauma presented by wrongful incarceration. The exonerees who spoke with us revealed that peer support from other exonerees, including organized meetings (convenings and healing circles) was critical to understanding their own well-being and mental health status. Consistent with prior research, peer support from fellow exonerees was an essential

copied mechanism (15). These findings also correspond with Mead & McNeil's research on peer support, which highlights how peer support among exonerees creates a connection to the larger exoneree community, affording a sense of validation, kinship and acceptance (20). Further, our results point to the reciprocal nature of peer support in the context of convenings, as providing an opportunity for them to simultaneously help one another while helping themselves, a concept referred to as "helper-therapy" (28). Receiving peer support from people who have had similar experiences has been conceived as "the wounded healer" process among reentry populations (29), an orientation also associated with exonerees who seek opportunities to help other exonerees. For some, the wounded healer role can help with successful reintegration. In one study, "wounded healers" had higher self-esteem, higher life satisfaction, perceived less stigma and had lower levels of anticipated recidivism (28). Formerly incarcerated persons wanting to give back is a key aspect of peer support (18, 29, 30). Many formerly incarcerated individuals want to give back by using their common experiences to be of service to their peers who may not be as far along in their reintegration journey (18, 29). Within the context of social support and individuals wanting to give back, civic engagement and storytelling among formerly incarcerated individuals also serve as important pathways to support psychological well-being and successful reintegration (29, 31).

In addition to peer support, engagement in advocacy work on behalf of criminal justice reform and the wrongful conviction movement, specifically, can be healing for exonerees (8, 15, 21). For some, this work also supports exonerees' confidence and leadership development skills (13). Such advocacy work includes speaking engagements for the general public, legislators, and the media to build awareness about wrongful conviction. While limited, a growing body of research

suggests that by speaking about their personal experiences, exonerees "normalize the trauma" of their wrongful conviction (21). Furthermore, they take part in bringing attention to structural injustices of the criminal justice system and often serve to advocate for policy reform (8, 21). For many exonerees, participation in policymaking is empowering as it provides a pathway for them to help other wrongfully convicted people (8, 21). These findings support the growing literature around the value of advocacy engagement among the formerly convicted (31).

Our interviews also revealed how community education provided exonerees with the opportunity to give back in substantial and practical ways that helped enhance a sense of healing and well-being. Sharing their stories served as a therapeutic healing tool as well as a means to raise awareness of the problem of wrongful conviction and the plight of exonerees. Exonerees in this study shared their stories in platforms such as state lobby and civic events, prisons, churches, schools, and the media which provided occasions to use their voices to narrate their experiences. Despite the pain sometimes associated with sharing their stories, storytelling was viewed as an opportunity to build community awareness around the issue and also serves as a restorative process towards healing.

This study does have limitations. Because convenience sampling was employed along with a small sample size, results may not be generalizable to all exonerees. In addition, there may be potential for selection bias as participants were selected from an existing organizational network list of exonerees, and thus may represent those who are already in a place of wanting to engage with other exonerees. While data were de-identified, due to the exoneree author's leadership role with the partnering organization and existing relationships with some respondents, their access to study data was limited to summary data (pre and post analysis).

This measure was instituted to ensure the protection of respondent confidentiality.

While future research is needed among a larger and representative sample of exonerees who reflect the gender and racial characteristics of the state's exoneree population, our findings add to the emerging literature concerning the mental and emotional health of wrongfully convicted individuals. Adding to the growing body of evidence for policy reform in the wrongful conviction movement, study findings provide further insight into key coping mechanisms that appear to support exoneree well-being and a path toward healing from the deep trauma of wrongful conviction and incarceration. Complementing comprehensive mental health services with opportunities for peer support, advocacy, and community education through storytelling may help exonerees regain lives lost to their wrongful convictions. Study results may also provide reform advocates and policy makers with added empirical evidence to help ensure that these opportunities are considered and included as critical components in the development of services and resources made available to exonerees.

Author's contribution

Study concept and design: GC, NK, AH, EOL, OSA; Data gathering: NK, GC, EOL; Preliminary data analysis: GC, NK, AH, EOL, OSA; Coding and data analysis: NK, GC; Manuscript preparation: GC, NK, CS, EOL, AH; Manuscript revision: GC, CS, NK

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