



DataHaven

The Health and Wellbeing of Formerly Incarcerated People in Connecticut:

**INSIGHTS FROM THE DATAHAVEN
COMMUNITY WELLBEING SURVEY**

June 2026

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ABOUT THIS REPORT

In 2021, 2024, and 2025, DataHaven added a series of questions regarding respondents' experiences with incarceration to the DataHaven Community Wellbeing Survey (DCWS). These questions offer insight into the wellbeing of those formerly incarcerated living in the state of Connecticut. This report analyzes the responses of the 2,062 men aged 18–64 who were included in the overall 2024 DCWS sample of 7,458 adults from across Connecticut. Using this information, we examine disparities in mental health, substance use and race both within intersections of the incarcerated population and between those with and without incarceration experience. Across key indicators of wellbeing including physical health, mental health, economic status, and social inclusion, formerly incarcerated men were worse off than those that had never been incarcerated. For some indicators, such as participation in the workforce, men who were incarcerated more than once face greater disparities than those incarcerated only once. We start with a brief overview of the systems that create these disparities and, with the help of expert partners, offer some solutions at the conclusion of the report.

We thank everyone who helped to make this brief possible, from those who participated in the survey to the experts who offered feedback. We recognize the extractive relationship between incarcerated people and research institutions and sought to mitigate these harms by offering context and input from partners with lived experience. It is our hope that this report will be used to advance the rights and empower those who have been involved in the criminal legal system.

Questions and comments about this report can be sent to info@ctdatahaven.org.

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INTRODUCTION

Approximately 11,000 individuals are currently incarcerated in the state of Connecticut.¹ Although Connecticut's incarceration rate is lower than the national rate, at 326 incarcerated persons per 100,000 residents in Connecticut compared to 614 per 100,000 nationally, this rate far surpasses that of other nations in the Global North such as the United Kingdom, Canada, and Italy.²

This brief gives a broad overview of the impacts of incarceration, utilizing the DataHaven Community Wellbeing Survey (DCWS) questions about individual incarceration experiences. The DCWS uses probability sampling to gather highly reliable state and community level data, not available from any other data source.³ Beginning with the 2021 wave of the survey and continuing in recent years, DataHaven added the question “*Have you yourself ever been held in a jail or prison for a night or more?*” to the survey, based on recommendations from members of the DCWS Advisory Council. The question was administered to all men aged 18–64. For respondents who answered yes to this question, the survey had some follow-up questions to gather additional detail.⁴

Additionally, the DCWS asks all respondents (including men and women of all ages) about family experiences, with the question “*Confidentially and for statistical purposes only, have any members of your immediate family, not including yourself, ever been held in jail or prison for one night or longer?*”. In 2024, approximately a third (32%) of all adults statewide indicated that they had a family member or close friend who had been incarcerated. Incarceration impacts individuals, families and communities far beyond their release, in part due to barriers to housing and employment.^{5,6}

This brief primarily focuses on the intersection of race and incarceration and explores indicators of economic wellbeing, community impact, and health. It should be noted that other population groups nationally are disproportionately affected by criminalization including queer, transgender, and disabled people.^{7,8,9,10}

¹ Connecticut Department of Correction, “Monthly Statistics,” accessed February 3, 2026, <https://portal.ct.gov/doc/report/monthly-statistics>.

² Prison Policy Initiative, “Connecticut Profile,” accessed August 12, 2025, <https://www.prisonpolicy.org/profiles/CT.html>.

³ DataHaven and Siena College Research Institute, “2024 DataHaven Community Wellbeing Survey (Wave 7),” published November 11, 2024, <https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey#2024survey>. The Community Wellbeing Survey defines incarceration experience as anyone who answers “yes” to “Have you yourself ever been held in a jail or prison for a night or more?”

⁴ Further details about the survey question and sample methodology can be found in the methodology section at the end of this report.

⁵ Grawert, Ames, and Terry-Ann Craigie. “Mass Incarceration Has Been a Driving Force of Economic Inequality.” Brennan Center for Justice, July 21, 2025. <https://www.brennancenter.org/our-work/analysis-opinion/mass-incarceration-has-been-driving-force-economic-inequality>.

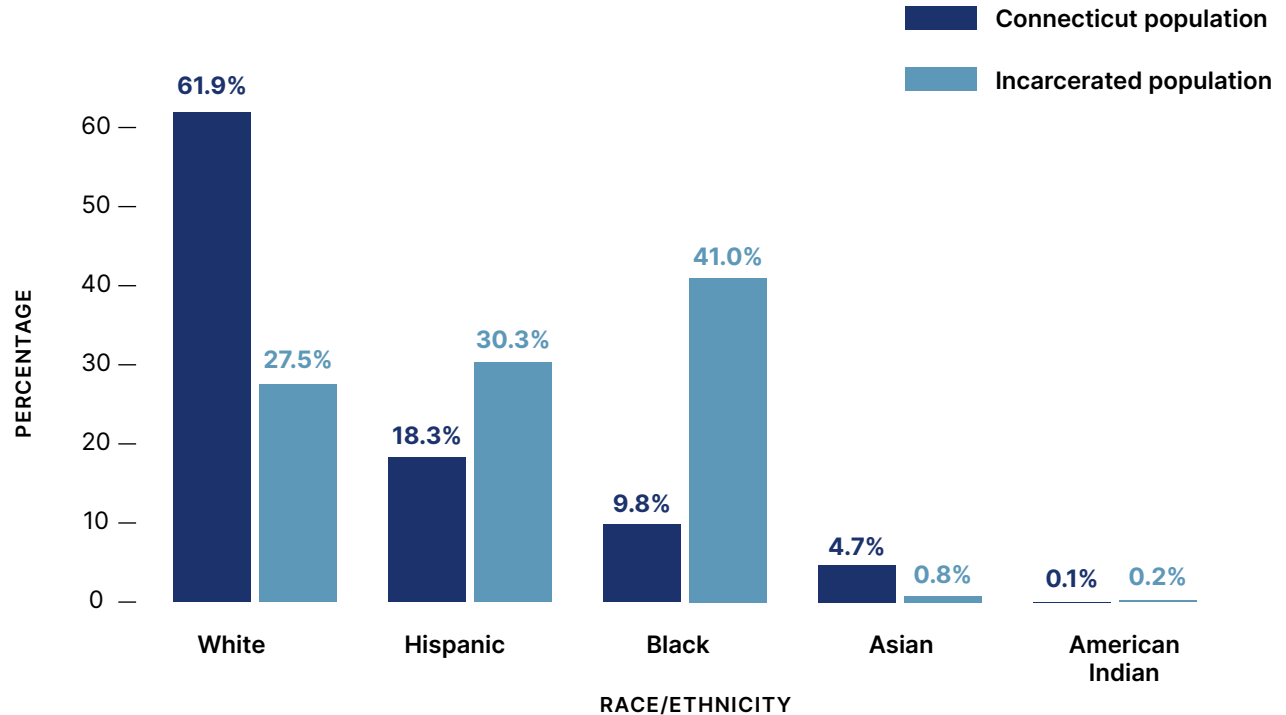
⁶ “Roadmap to Reentry: A Connecticut Legal Guide.” Connecticut Legal Services, March 3, 2020. <https://ctlegal.org/roadmap-to-reentry-a-connecticut-legal-guide/>.

⁷ Reingle Gonzalez, Jennifer M., M. Brad Cannell, Katelyn K. Jetelina, and Katherine Froehlich-Grobe. “Disproportionate Prevalence Rate of Prisoners with Disabilities.” *Journal of Disability Policy Studies* 27, no. 2 (July 25, 2016): 106–15. <https://doi.org/10.1177/1044207315616809>.

⁸ Maruschak, Laura M., and Jennifer Bronson. Rep. *Survey of Prison Inmates*, 2016 Disabilities Reported by Prisoners, 2021.

⁹ Bertram, Wanda. “6 Facts about the Mass Incarceration of LGBTQ+ People.” Prison Policy Initiative, June 4, 2024. https://www.prisonpolicy.org/blog/2024/06/04/lgbt_incarceration/.

¹⁰ *LGBTQ PEOPLE BEHIND BARS: A GUIDE TO UNDERSTANDING THE ISSUES FACING TRANSGENDER PRISONERS AND THEIR LEGAL RIGHTS*, 2018. <https://transequality.org/sites/default/files/docs/resources/TransgenderPeopleBehindBars.pdf>.

Figure
01.**Black and Hispanic communities are overrepresented in Connecticut prisons**

Source: DataHaven analysis (2025) of CT Department of Corrections Population Demographics Dashboard

This brief is not intended to outline all impacts of incarceration or related policies in Connecticut. A longer, more in-depth report could examine additional data from the DCWS and other sources or provide additional disaggregations about different population groups. Please refer to the publicly-available crosstabs on the DataHaven website (which break down data for all survey questions by incarceration experience) or contact DataHaven directly if you have questions or requests for specific data.¹¹

¹¹ DCWS crosstabs can be accessed at <https://ctdatahaven.org/report/datahaven-community-wellbeing-survey/> This report relies on the 2024 crosstabs.

STATE AND NATIONAL CONTEXT

The national prison population has declined from its peak in 2009, though it still exceeds 1.2 million people.¹² Since the 1960s, the incarceration rate has been staggeringly high compared to other nations. Multiple factors contribute to this, including punitive drug policies, over-policing, and significantly longer average sentences.^{13,14} Under the banner of the War on Drugs, changes in law enforcement practices over the past 40 years have resulted in more aggressive policing targeting racialized groups, while failing to reduce violent crime.^{15,16} The enduring legacy of the War on Drugs disproportionately resulted in the mass incarceration of Black men, despite similar rates of illicit substance use across all races.¹⁷ Effects of this are still seen today, with 1 out of every 5 Black boys born today expected to go to prison in their lifetime.¹⁸ In 2023 the national rate of incarceration for Black people was 1,940 per 100,000 compared to 420 per 100,000 for white people and 800 per 100,000 for Hispanic people.¹⁹

Based on Connecticut Department of Corrections counts, Black and Hispanic populations are disproportionately represented in Connecticut’s prison system, exceeding the number of white individuals incarcerated, despite representing a smaller share of the general population.^{20,21} **In Connecticut as of 2019, there was a nearly 10:1 Black-to-white imprisonment disparity, with an imprisonment rate of 1,512 per 100,000 for Black residents and 156 per 100,000 for white residents**, while the imprisonment rate in the state was 579 per 100,000 for Latino residents.²² Within the DCWS, Black and Latino men report elevated

¹² Vera Institute of Justice, “Jail and Prison Populations Have Decreased Since 2019—but Continued Progress Isn’t Promised” November 2024, <https://www.vera.org/news/jail-and-prison-populations-have-decreased-since-2019-but-continued-progress-isnt-promised>.

¹³ Warren, Jenifer, “New Analysis Shows U.S. Imposes Long Prison Sentences More Frequently than Other Nations,” Council on Criminal Justice, December 20, 2022, <https://counciloncj.org/new-analysis-shows-u-s-imposes-long-prison-sentences-more-frequently-than-other-nations/>.

¹⁴ More information about mandatory minimum sentences in Connecticut can be found here: <https://www.cga.ct.gov/2017/rpt/pdf/2017-R-0134.pdf>

¹⁵ Violent crime is defined differently across jurisdictions and reporting agencies. The DataHaven Community Wellbeing Survey does not ask about the conviction and/or alleged crime that led to incarceration.

¹⁶ Bernstein, Michael, “Protecting Black Lives: Ending Community Gun Violence and Police Violence,” *Sociological Inquiry* 92, no. 1 (2022): 64–89, <https://doi.org/10.1111/soin.12450>.

¹⁷ Alexander, Michelle, “The New Jim Crow: How Mass Incarceration Turns People of Color into Permanent Second-Class Citizens,” *The American Prospect*, December 6, 2010, <https://prospect.org/special-report/new-jim-crow/>.

¹⁸ Roehrkasse, Alexander F., and Christopher Wildeman. “Lifetime Risk of Imprisonment in the United States Remains High and Starkly Unequal.” *Science Advances* 8, no. 48 (December 2, 2022). <https://doi.org/10.1126/sciadv.abo3395>.

¹⁹ Ghandnoosh, N. (2023, October 11). One in five: Ending racial inequity in incarceration. The Sentencing Project. <https://www.sentencingproject.org/reports/one-in-five-ending-racial-inequity-in-incarceration/>.

²⁰ Connecticut Department of Correction, *Population Demographics Dashboard*, accessed August 12, 2025, <https://portal.ct.gov/doc/common-elements/common-elements/dashboards>.

²¹ Connecticut operates a unified prison system meaning those awaiting sentences and those already sentenced are all under the purview of the Department of Corrections. More information can be read [here](#) or [here](#).

²² *The Color of Justice: Racial and Ethnic Disparity in State Prisons*. The Sentencing Project, 2021. <https://www.sentencingproject.org/app/uploads/2022/08/The-Color-of-Justice-Racial-and-Ethnic-Disparity-in-State-Prisons.pdf>.

rates of discrimination by law enforcement.²³ Residents who had been incarcerated once or more than once reported higher rates of discrimination by law enforcement (see Table 1).

Table 01. Men who have been incarcerated more often report discrimination by law enforcement	
Incarceration experience	% of men reporting discrimination
Never incarcerated	16%
Incarcerated once	42%
Incarcerated two or more times	59%

Source: 2024 DataHaven Community Wellbeing Survey

Table 02. Black and Latino men more often report discrimination by law enforcement regardless of incarceration status when compared to white men			
Incarceration experience	Race/Ethnicity	Number of respondents	% of men reporting discrimination
Never incarcerated	White	874	13%
	Black	147	29%
	Latino	233	16%
Incarcerated once	White	89	41%
	Black	23	46%
	Latino	34	49%
Incarcerated two or more times	White	83	54%
	Black	33	74%
	Latino	42	61%

Source: 2024 DataHaven Community Wellbeing Survey

²³ Respondents were asked “Have you ever been unfairly stopped, searched, questioned, physically threatened, or abused by the police?”

In recent years, incarceration trends have lowered alongside decreased crime rates and state-level reforms intended to reduce incarceration rates. This occurred in parallel with a national trend towards lower incarceration rates. For example, national juvenile delinquency cases dropped to around 500,000 in 2020 from a peak of 1.8 million in 1995.²⁴ The national adult prison and jail population dropped by roughly 250,000 between 2019 and 2024.²⁵ The overall number of incarcerated people in Connecticut has declined from an average of about 17,350 in 2010 to about 11,000 in 2025.²⁶

Despite declines in incarceration and Connecticut's lower relative rate overall, significant racial disparities persist within the state's prison population, reflecting inequities in policing, sentencing, and other criminal legal practices. The erosion of social safety nets and persistent institutional bias also contribute to the disproportionate involvement of marginalized groups in the criminal legal system, including people who are disabled, transgender, queer, or low-income, with those holding multiple marginalized identities at greatest risk of involvement and mistreatment within this system.

²⁴ Hockenberry, Sarah and Charles Puzzanchera, *Juvenile Court Statistics 2020* (Pittsburgh, PA: National Center for Juvenile Justice, 2023), <https://ojjdp.ojp.gov/jcs2020.pdf>.

²⁵ Vera Institute of Justice, "Jail and Prison Populations Have Decreased Since 2019—but Continued Progress Isn't Promised", November 2024, <https://www.vera.org/news/jail-and-prison-populations-have-decreased-since-2019-but-continued-progress-isnt-promised>

²⁶ Connecticut Department of Corrections "Department of Correction Quarterly Average Facility Population." Connecticut, January 16, 2026. https://data.ct.gov/Public-Safety/Department-of-Correction-Quarterly-Average-Facilit/f8ar-pgu4/about_data

INCARCERATION EXPERIENCE IN THE DCWS

The 2024 DataHaven Community Wellbeing Survey (DCWS) collected data based on interviews with 7,458 randomly-selected individuals across the state of Connecticut. Of the 2,062 men in the sample aged 18–64 who were asked about personal incarceration history, 19% (n = 392) had been incarcerated at least once. More information about the DCWS methodology is available in the appendix of this document. Trends explored through this sample may not reflect the experiences of women or nonbinary people.

Table
03.

Demographics of the men aged 18–64 who were asked about personal incarceration history

JAIL2. Have you yourself ever been held in a jail or prison for a night or more?

Category		n in sample	Share of sample (%)	Never incarcerated (%)	Incarcerated once (%)	Incarcerated more than once (%)
RACE/ ETHNICITY	Black	201	10%	73%	9%	16%
	Latino	424	21%	79%	10%	11%
	White	1,266	61%	83%	9%	8%
AGE GROUP	18 to 34	811	39%	90%	5%	5%
	35 to 49	565	27%	76%	12%	12%
	50 to 64	686	33%	74%	12%	13%

Source: 2024 DataHaven Community Wellbeing Survey

Recidivism, or reincarceration, is common nationally, including in Connecticut. DCWS data reports that about half of all respondents who reported an incarceration history had been incarcerated more than once. The Department of Corrections (DOC) reports that 30% of people discharged from incarceration between 2015 and 2022 have returned to DOC custody within 1 year and 50% have returned within 3 years. This trend has remained steady for the last decade aside from a dip in 2020 releasees.²⁷ Technical violations of parole are a key contributor to recidivism, driving reincarceration for behavior that would not otherwise be illegal.²⁸ Another contributor to recidivism is the criminalization of poverty, which can take many forms, including laws that criminalize homelessness, fines for minor offenses, and the cash bail system.^{29,30,31,32} These policies disproportionately affect poor and unhoused individuals and can trap them in a cycle of incarceration and housing instability as they get released into the same conditions that contributed to incarceration.^{33,34,35} While Connecticut state-specific population level data on this experience is currently unavailable, unhoused people report contact with law enforcement related to their housing status.³⁶ Potential reasons for this include increased visibility and increased barriers to comply with probation requirements, among others. More information is needed about the frequency and type of interactions between unhoused people and the criminal legal system. This is not a comprehensive examination of the drivers of incarceration or recidivism specifically.

²⁷ “Brief: 2026 Recidivism Study.” CT.gov, February 2026. <https://portal.ct.gov/OPM/CJ-About/CJ-SAC/SAC-Sites/Recidivism-Study/Recidivism-Study>.

²⁸ Staudt, Sarah. “The Myth of the Revolving Door: Challenging Misconceptions about Recidivism.” The myth of the revolving door: Challenging misconceptions about recidivism | Prison Policy Initiative. Accessed May 14, 2026. <https://www.prisonpolicy.org/trainings/recidivism.html#understanding>.

²⁹ We use the term “unhoused” to refer to an individual without a consistent place to stay. We use the term homelessness to describe the population-level phenomenon reflecting the experiences of unhoused people.

³⁰ Vera Institute of Justice, *Bail Reform*, 2024. <https://www.vera.org/ending-mass-incarceration/criminalization-racial-disparities/bail-reform>.

³¹ Dohlakia, Nazish, *How the United States Punishes People for Being Poor*, Vera Institute of Justice, September 21, 2023, <https://www.vera.org/news/how-the-united-states-punishes-people-for-being-poor>.

³² CITY OF GRANTS PASS, OREGON v. JOHNSON ET AL., ON BEHALF OF THEMSELVES AND ALL OTHERS SIMILARLY SITUATED (SUPREME COURT OF THE UNITED STATES June 28, 2024).

³³ Seligman, Eric & Brian Nam-Sonenstein, “10 ways mass incarceration is the engine of injustice”, Prison Policy Initiative, August 2024, https://www.prisonpolicy.org/blog/2024/08/27/economic_justice/.

³⁴ Chien, Jessie, Benjamin F. Henwood, and Randall Kuhn. “Criminalizing Homelessness: Longitudinal Associations of Police Encounters and Homeless Sweeps with Psychosocial Health among the UNHOUSED Community in Los Angeles.” *Social Science & Medicine* 393 (March 2026): 119033. <https://doi.org/10.1016/j.socscimed.2026.119033>.

³⁵ Wang, Leah. “Jailing the Homeless: New Data Shed Light on Unhoused People in Local Jails.” Prison Policy Initiative, February 11, 2025. https://www.prisonpolicy.org/blog/2025/02/11/jail_unhoused_bookings/.

³⁶ Shaddox, Colleen, *When Sleeping is a Crime*, The American Prospect, August 11, 2025, <https://prospect.org/2025/08/11/2025-08-11-when-sleeping-is-crime-homelessness/>.

ECONOMIC INDICATORS & INCARCERATION HISTORY

Formerly incarcerated people face higher levels of financial insecurity compared to the general population. A policy landscape that makes it more difficult to secure employment and housing post-release are contributing factors.³⁷ Home ownership is the primary vehicle of wealth for Americans and thus is an indicator of financial and housing stability. Among those surveyed, people who were incarcerated two or more times were less likely to be homeowners with 37% owning their own home compared to 61% of those never incarcerated and 64% of those incarcerated once.

Table
04.

Men who have been incarcerated two or more times are less likely to own a home

Q11. Do you own your home, rent, or something else?

	Never incarcerated	Incarcerated once	Incarcerated two or more times
I own my home	61%	64%	37%

Source: 2024 DataHaven Community Wellbeing Survey

Other answer options for this question include renting, living with friends or family who own, and living with friends and family who rent. Almost a quarter (23%) of those who were incarcerated two or more times lived with family or friends who own their own home. Release conditions for those on parole may include living with another person in a stable living arrangement or in a halfway house. It can be more difficult to facilitate this in a rented home due to background check requirements and the requirement that the post-release housing situation be stable. Informal housing provision provided by close contacts in a shared rental is a situation utilized by some community members which can offer some social benefits but can also create risks to health and housing status for both providers and guests.³⁸

³⁷ The National Inventory for Collateral Consequences maintains a database of these specific legal barriers and can be accessed [here](#).

³⁸ Keene, Danya E., Penelope Schlesinger, Shannon Carter, Amila Kapetanovic, Alana Rosenberg, and Kim M. Blankenship. "Filling the Gaps in an Inadequate Housing Safety Net: The Experiences of Informal Housing Providers and Implications for Their Housing Security, Health, and Well-Being." *Socius: Sociological Research for a Dynamic World* 8 (January 2022). <https://doi.org/10.1177/23780231221115283>.

Respondents were also asked about their current financial situation. Those who have been incarcerated were more likely to be financially insecure with 77% of those incarcerated two or more times, 49% of those incarcerated once and 28% of those never incarcerated struggling or just getting by financially. Relatedly, unemployment is higher among those who have been incarcerated more than once. Those who were incarcerated once or never had similar rates of employment at 79% and 83%, respectively. Only 58% of those who were incarcerated more than once had worked in the last 30 days. The other common responses for those who were incarcerated more than once were “no, but would like to work” (14%) and “no, disabled” (19%).

Table 05.		Men with incarceration histories are more likely to be struggling financially	
Q44. Percent of adults who are just getting by or struggling financially			
	Never incarcerated	Incarcerated once	Incarcerated two or more times
	28%	49%	77%

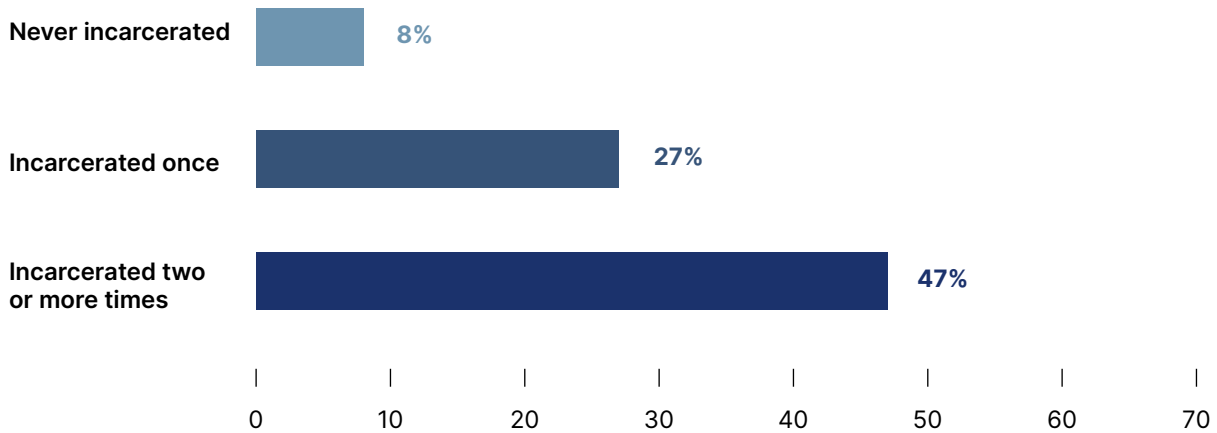
Source: 2024 DataHaven Community Wellbeing Survey

Table 06.		Men who have been incarcerated two or more times are less likely to be currently employed		
Q47. Have you had a paid job in the last 30 days?				
	Never incarcerated	Incarcerated once	Incarcerated two or more times	
Yes	79%	83%	58%	
No, but would like to work	6%	7%	14%	
No, disabled	2%	5%	19%	

Source: 2024 DataHaven Community Wellbeing Survey

Figure 02. Men who have been incarcerated are more likely to experience food insecurity

Q62. Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?



Source: 2024 DataHaven Community Wellbeing Survey

Food insecurity is much higher among those that have ever been incarcerated. **Only 8% of those never incarcerated expressed difficulty accessing adequate food in the last year compared to 27% of people incarcerated once and 47% of people incarcerated more than once.** This has implications as a proxy for financial security and long-term health, especially for those with certain health conditions.

HEALTH INDICATORS & INCARCERATION HISTORY

Those who have been incarcerated have poorer health than those without an incarceration history. About half of those incarcerated two or more times (48%) reported fair or poor health compared to 17% of those never incarcerated and 20% of those incarcerated once. This also aligns with the above section's description of disability as preventing employment among those with an incarceration history. Criminal legal involvement can be physically and mentally debilitating.

Table 07. Men who have been incarcerated two or more times are more likely to report fair or poor health

Q19. Percent of adults reporting fair or poor health

Never incarcerated	Incarcerated once	Incarcerated two or more times
17%	20%	48%

Source: 2024 DataHaven Community Wellbeing Survey

Chronic conditions, particularly high blood pressure, are more common among those who have been incarcerated multiple times. Those never incarcerated and incarcerated once have similar rates at 31% and 30%, respectively, compared to 57% among those incarcerated two or more times.

Table 08. Chronic conditions are more common among men who have been incarcerated two or more times

Q23[A-E]. Have you ever been told by a doctor or health professional that you have any of the following?

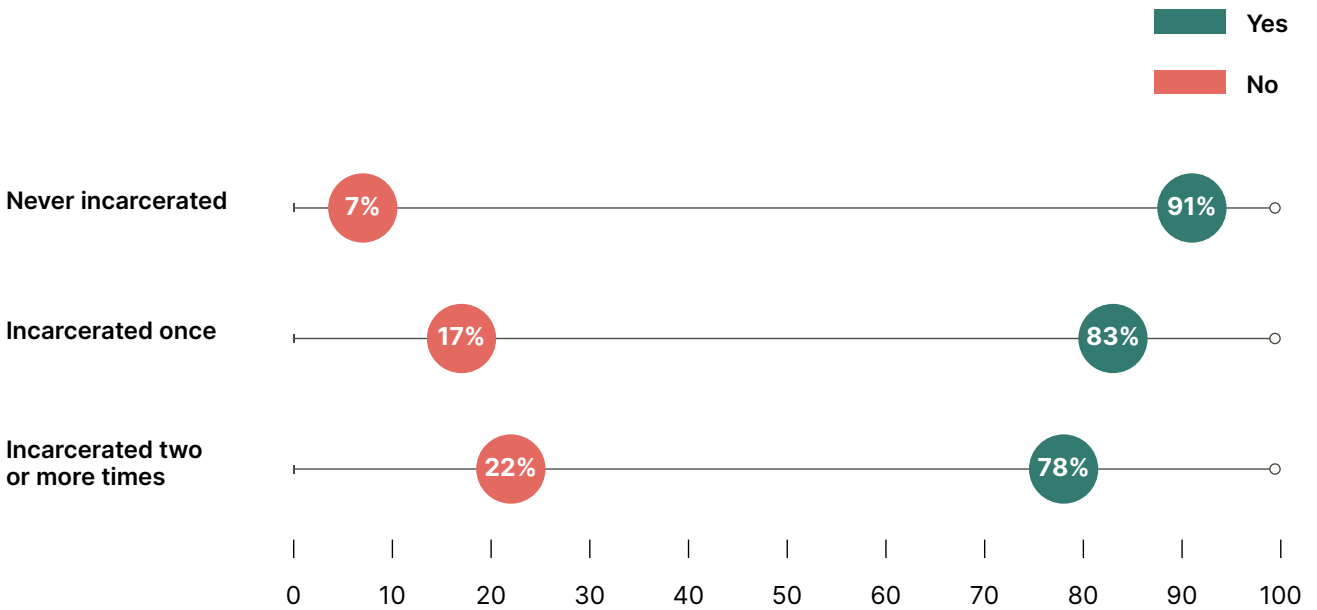
	Never incarcerated	Incarcerated once	Incarcerated two or more times
High blood pressure or hypertension	31%	30%	57%
Diabetes	13%	21%	26%
Asthma	14%	14%	19%

Source: 2024 DataHaven Community Wellbeing Survey

Rates of health insurance, while overall high, are lower among those incarcerated two or more times. This survey data was collected in the context of Connecticut having expanded Medicaid eligibility to all low-income adults under the Affordable Care Act, which increased the likelihood that men with a history of incarceration would have access to healthcare coverage. Recent federal changes are likely to increase the overall number of uninsured people.³⁹

Figure 03. Men who have been incarcerated are less likely to have health insurance

Q26. Do you have health insurance?



Source: 2024 DataHaven Community Wellbeing Survey

³⁹ More information can be learned in our recent release projecting Medicaid losses [here](#).

MENTAL HEALTH, SUBSTANCE USE & INCARCERATION HISTORY

The causes of mental health struggles are multifaceted and related to both individual and community factors. Stigma makes discussions about mental health taboo, leading to increased challenges for those with poor mental health. De facto criminalization of mental illness and lack of adequate crisis response contributes to higher rates of incarceration for people with mental illness.⁴⁰ Additionally, prison conditions and lack of proper treatment while incarcerated can worsen mental health, contributing to lasting psychological impacts.^{41,42} Adverse experiences in carceral settings compound the existing challenges of community reentry, leading individuals to face stigma, discrimination, and instability. This effect is particularly harmful to Black men experiencing mental health crises who are more often harmed or killed by law enforcement officers.^{43,44} In Connecticut, 32% of those incarcerated exhibited symptoms of an active mental health disorder requiring treatment with an additional 41% having a history of mental health disorders.⁴⁵

Notably, there is a high unmet need for mental health treatment among the formerly incarcerated, with 25% of those who have been incarcerated two or more times reporting an unmet need, compared to 10% of those who have not been incarcerated. Furthermore, 35% of those incarcerated two or more times and 23% of those who have been incarcerated once were found to have a major risk of a depressive episode, compared to 15% of those who have not been incarcerated. Though an effort is made on the part of the system, returning citizens often are not adequately supported in the transition to community-based mental health support, highlighting issues with continuity of care.^{46,47} Availability of appropriate care, especially when experiencing complex mental health issues and relying on Medicaid coverage is not sufficient to meet the needs of all residents.

⁴⁰ National Alliance on Mental Illness (NAMI), “Criminalization of People with Mental Illness,” September 23, 2024, <https://www.nami.org/advocacy/policy-priorities/stopping-harmful-practices/criminalization-of-people-with-mental-illness/>.

⁴¹ Zielinski, Melissa, Haley Church, Marley Fradley, and Illana Berman. Incarceration and traumatic stress: Overview and clinical considerations. Accessed March 27, 2026. <https://istss.org/wp-content/uploads/2024/08/Fact-Sheet-Incarceration-Traumatic-Stress-FINAL.pdf>.

⁴² While this report highlights the experiences post-release, we find it important to highlight the fact that deaths occur within DOC custody as well. There were 10 confirmed deaths in the first 4 months of 2026 with at least two being deemed suicide.

⁴³ Frazer-Carroll, Micha. “Law and Disorder.” Chapter. In *Mad World: The Politics of Mental Health*, 145–65. London: Pluto Press, 2023.

⁴⁴ “2025 Police Violence Report.” 2025 Police Violence Report. Accessed March 27, 2026. <https://policeviolencereport.org/>.

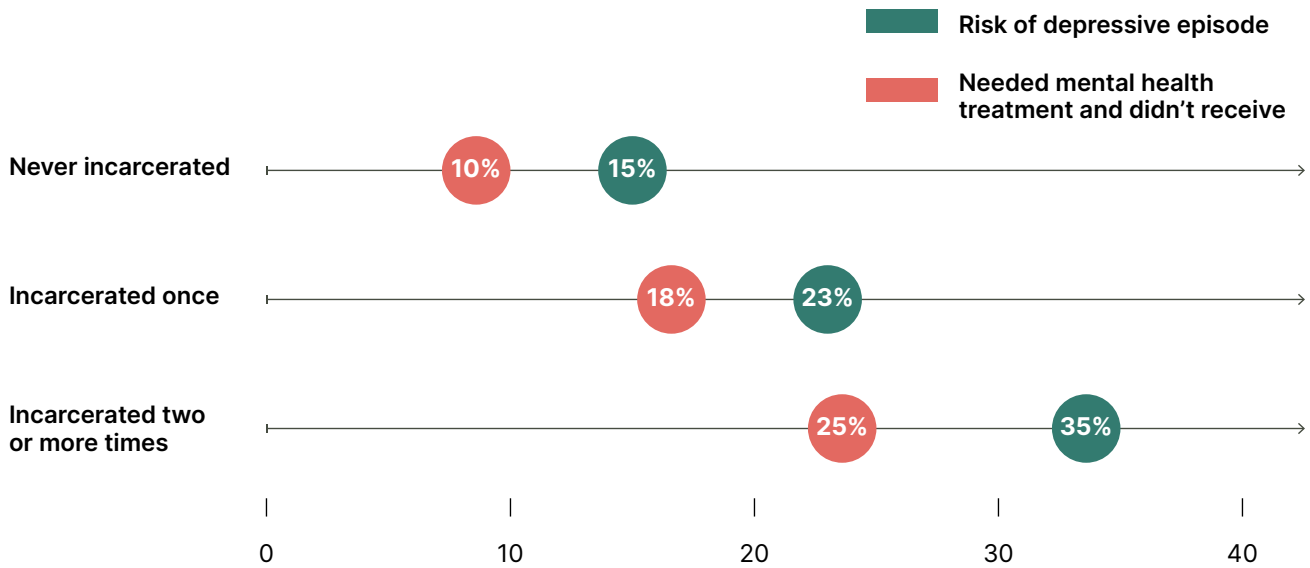
⁴⁵ Tsarkov, Alex, Reena Kapoor, Viviana Alvarez-Toro, and Patricia O’Rourke. Rep. *Mental Health Disorders in Connecticut’s Incarcerated Population*, January 2023. <https://ctsentencingcommission.org/wp-content/uploads/2025/04/Mental-Health-Disorders-in-Connecticuts-Incarcerated-Population-2.pdf>.

⁴⁶ It is important to acknowledge that mental illness diagnoses are influenced by the systems that also create our criminal legal landscape. Clinician training, diagnostic criteria and what is considered abnormal behavior are impacted by the broader sociopolitical context that they exist within.

⁴⁷ Baillargeon, Jacques et al., “Risk of Reincarceration among Prisoners with Co-Occurring Severe Mental Illness and Substance Use Disorders,” *Administration and Policy in Mental Health and Mental Health Services Research* 37, no. 4 (October 22, 2009): 367–74, <https://doi.org/10.1007/s10488-009-0252-9>.

Figure 04. Repeated incarceration is linked to higher mental health burden and unmet treatment needs

PHQ-2 score indicating risk of major depressive episode (based on Q37_2 and Q37_3) MENTH. During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?



Source: 2024 DataHaven Community Wellbeing Survey

Table 09. Formerly incarcerated men report elevated substance use

ALCR. How many times during the past 30 days did you have 5 or more drinks on an occasion? POT1R. During the past 30 days, on how many days did you use marijuana or cannabis? Currently smokes every day or some days (based on Q39 and Q40)

	Binge drinking	Cigarettes	Marijuana
Never incarcerated	33%	9%	26%
Incarcerated once	43%	21%	34%
Incarcerated two or more times	43%	35%	47%

Source: 2024 DataHaven Community Wellbeing Survey

Substance use can lead to incarceration and the trauma of incarceration can exacerbate substance use creating a feedback loop that exposes those who use substances to more contact with the criminal legal system. Decades of federal and state legislation have enforced harsh criminal penalties for drug use and possession. Despite evidence that criminalization of drugs does not curb use or distribution, drug offenses are a leading reason for arrest in the United States.^{48,49,50,51}

Mental health challenges are often intertwined with substance use, especially when adequate mental health treatment is inaccessible. While many prisons offer substance use treatment for inmates, treatment gaps while inside and post-release can contribute to continued challenges with substance use.⁵² Further, there are costs and wait times associated with receiving medical care while incarcerated that create additional barriers to care.^{53,54} Recent changes may alleviate some of this burden and will be discussed in the concluding section of this report.

Rates of substance use as measured by the DCWS are elevated among those with a history of incarceration, for alcohol, cigarettes and marijuana.⁵⁵ Alcohol binge rates are slightly elevated with 34% of those never incarcerated reporting at least one instance in the past 30 days of binge drinking, while 42% and 40% of those incarcerated once and multiple times, respectively, report the same. Marijuana use is elevated between those who have been incarcerated once and multiple times, at 21% and 35%, respectively. The largest differences are within cigarette use. Those who have been incarcerated multiple times report cigarette use four times that of those who have never been incarcerated, 9% compared to 35%. Substance use, in both adolescence and adulthood, is linked to a range of adverse health outcomes, such as cancers, heart disease, and respiratory disorders.⁵⁶

Mental health and substance use have a bidirectional relationship. Poor mental health, especially trauma, can lead individuals to substances as a means of coping.⁵⁷ Simultaneously, evidence suggests that substance use worsens mental health disorders, including depression, anxiety, and PTSD, disorders

⁴⁸ Bratberg, J. P. et al., “Support, Don’t Punish: Drug Decriminalization Is Harm Reduction,” *Journal of the American Pharmacists Association* 63, no. 1 (2023): 224–29, <https://doi.org/10.1016/j.japh.2022.12.017>.

⁴⁹ Scher, B. D. et al., “‘Criminalization Causes the Stigma’: Perspectives from People Who Use Drugs,” *Contemporary Drug Problems: An Interdisciplinary Quarterly* 50, no. 3 (2023): 402–25, <https://doi.org/10.1177/00914509231179226>.

⁵⁰ Human Rights Watch, “US: Disastrous Toll of Criminalizing Drug Use,” October 28, 2020, <https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use>.

⁵¹ “Drug War Stats.” Drug Policy Alliance, April 8, 2025. <https://drugpolicy.org/drug-war-stats/>.

⁵² Baillargeon, Jacques et al., “Risk of Reincarceration among Prisoners with Co-Occurring Severe Mental Illness and Substance Use Disorders,” *Administration and Policy in Mental Health and Mental Health Services Research* 37, no. 4 (October 22, 2009): 367–74, <https://doi.org/10.1007/s10488-009-0252-9>.

⁵³ Ward, DeVaughn L. Rep. *REPORT ON ACCESS TO OUTPATIENT SPECIALTY SERVICES IN THE CONNECTICUT DEPARTMENT OF CORRECTION*, March 31, 2026. <https://portal.ct.gov/oga/-/media/oga/pdf/oss-list-report-33126-v3.pdf>.

⁵⁴ Conn. Gen. Stat. § 18-85a-3. (2015)

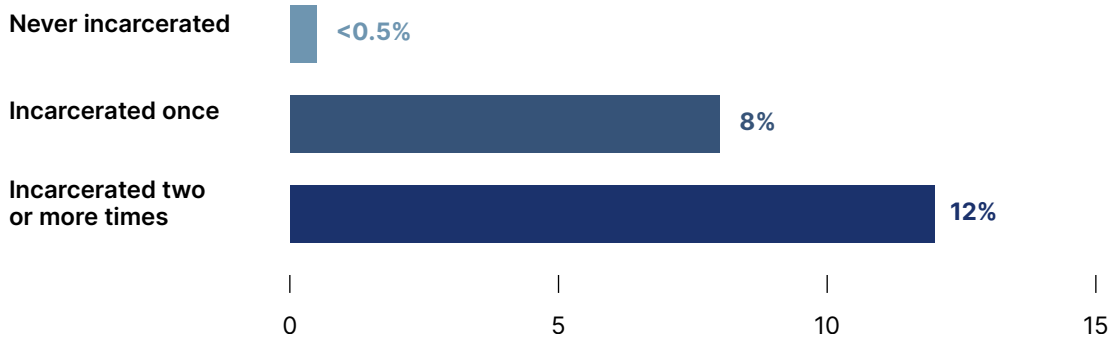
⁵⁵ For cigarettes and cannabis, the DCWS collects *use* data. Additional information is collected about substance use disorders including opioid use disorder and binge drinking. Substance use is not equivalent with a substance use disorder.

⁵⁶ Schulte, MT and YI Hser, “Substance Use and Associated Health Conditions throughout the Lifespan,” *Public Health Reviews* 35, no. 2 (2014), https://web-beta.archive.org/web/20150206061220/http://www.publichealthreviews.eu/upload/pdf_files/14/00_Schulte_Hser.pdf, <https://doi.org/10.1007/BF03391702>.

⁵⁷ “Addiction as a Coping Mechanism and Healthy Alternatives.” *American Addiction Centers*. Last modified April 24, 2025. <https://americanaddictioncenters.org/sobriety-guide/coping-mechanism>.

Figure 05. There are higher rates of opioid use disorder among men with incarceration experience

OP2_1. Do you personally know anyone who has struggled with an addiction to heroin or other opiates such as prescription painkillers at any point during the last 3 years? (If Yes) Is it... 'Yourself'



Source: 2024 DataHaven Community Wellbeing Survey

which are often co-occurring.^{58,59,60} This relationship is further complicated by the criminalization of some mental health symptoms, substance use disorders, and the inadequate support for both in prisons.⁶¹ Taken together, people find themselves in a vicious cycle, lacking support and being punished for coping.

Substance use disorder, particularly opiate use disorder (OUD), is elevated in populations that have been incarcerated at least once, with an increase in prevalence among those incarcerated two or more times. Fewer than 0.5% of men who were never incarcerated report OUD, while 8% of those incarcerated once and 12% of those incarcerated multiple times report the same. Additionally, evidence suggests that individuals who have been incarcerated face a risk of opioid overdose death more than ten times higher than the general population, especially within the first two weeks after release.⁶² Just as substance use can worsen mental health outcomes like depression or anxiety, illicit drug use can affect recidivism and lead to re-arrest.⁶³ Substance use can also lead to overdose or death.

⁵⁸ Boden, Joseph M. and David M. Fergusson, “Alcohol and Depression,” *Addiction* 106, no. 5 (May 2011): 906–14, <https://doi.org/10.1111/j.1360-0443.2010.03351.x>.

⁵⁹ Meg Fluharty, Amy E. Taylor, Meryem Grabski, and Marcus R. Munafò, “The Association of Cigarette Smoking with Depression and Anxiety: A Systematic Review,” *Nicotine & Tobacco Research* 19, no. 1 (2016): 3–13, <https://doi.org/10.1093/ntn/ntw140>.

⁶⁰ Onaemo, Vivian N., Timothy O. Fawehinmi, and Carl D’Arcy, “Comorbid Cannabis Use Disorder with Major Depression and Generalized Anxiety Disorder: A Systematic Review with Meta-analysis of Nationally Representative Epidemiological Surveys,” *Journal of Affective Disorders* 281 (February 15, 2021): 467–475, <https://doi.org/10.1016/j.jad.2020.12.043>.

⁶¹ “Criminalization of People with Mental Illness,” *NAMI (National Alliance on Mental Illness)*, accessed August 12, 2025, <https://www.nami.org/advocacy/policy-priorities/stopping-harmful-practices/criminalization-of-people-with-mental-illness/>.

⁶² Hartung, Daniel M., Christopher M. McCracken, Thao Nguyen, Kristen Kempny, and Erika N. Waddell, “Fatal and Nonfatal Opioid Overdose Risk Following Release from Prison: A Retrospective Cohort Study Using Linked Administrative Data,” *Journal of Substance Use and Addiction Treatment* 147 (2023): 208971, <https://doi.org/10.1016/j.josat.2023.208971>.

⁶³ Leung, Janni et al., “Mood and Anxiety Symptoms in Persons Taking Prescription Opioids: A Systematic Review with Meta-Analyses of Longitudinal Studies,” *Pain Medicine* 23, no. 8 (August 1, 2022): 1442–1456, <https://doi.org/10.1093/pm/pnac029>

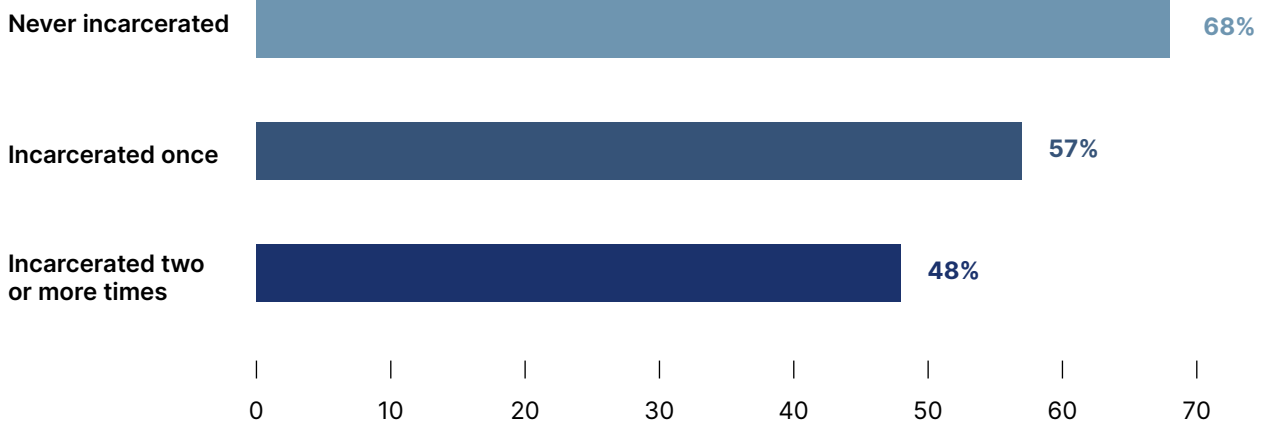
SOCIAL SUPPORT & INCARCERATION HISTORY

Social and emotional support is an important factor in a successful re-entry period, especially for mental health.^{64,65} Social support can come from family, friends, community members, and professionals like probation officers or case managers.

Figure 06.

Men with multiple incarceration experiences report the lowest rates of social support

Q37_1. How often do you get the social and emotional support you need?



Source: 2024 DataHaven Community Wellbeing Survey

People who have been incarcerated are more likely to report “never” or “rarely” receiving the social and emotional support they need. While people who have been incarcerated are less likely to receive social and emotional support than the general population, about half of those incarcerated once or more than once did report feeling “always” or “usually” supported, 57% and 48%, respectively. The social networks of formerly incarcerated people are more likely to be financially insecure or otherwise marginalized. Supporting these networks through policy and programming can make the support provided more stable.

⁶⁴ Fahmy, Chantal. “First Weeks out: Social Support Stability and Health among Formerly Incarcerated Men.” *Social Science & Medicine* 282 (August 2021): 114141. <https://doi.org/10.1016/j.socscimed.2021.114141>.

⁶⁵ “Re-Entry Post Incarceration.” NAMI, October 29, 2025. <https://www.nami.org/advocacy-at-nami/policy-positions/supporting-community-inclusion-and-non-discrimination/re-entry-post-incarceration/>.

REFRAMING THE ISSUES

Understanding incarceration as a part of a larger system that serves to sort communities into “deserving” and “undeserving” of government resources and community support is essential to addressing harms inherent to the system. These same structures criminalize and stigmatize substance use, homelessness, poverty, immigration status, disability, gender nonconformity and mental health struggles. These systems disproportionately target racialized people. These relationships are sometimes directly causal but more often contribute to a cycle that means that those who are arrested or incarcerated face growing barriers to escaping that system even after time served. In the following section of this report we will explore some of the intervention points that can be addressed to alleviate the harms perpetuated on those within the system and their communities. This should not be seen as an exhaustive resource on the topic.

Improved transitional support, particularly housing, can break the incarceration-homelessness cycle.⁶⁶ ‘Housing First’ policies allow unhoused people to get immediate housing and remain stably housed.^{67,68} Breaking the cycle of homelessness and incarceration curbs the cost of incarceration and can improve public safety, individual safety, and overall health for unhoused individuals.⁶⁹ The availability of a sufficient supply of housing affordable to people at all incomes would also support improvement in this realm.

In addition to housing, financial support would help to stabilize residents when returning from incarceration. Pilot programs such as 4-CT offer direct cash assistance to returning community members with the goal of lowering recidivism. Currently, 40 formerly incarcerated people are receiving guaranteed payments of \$500 per month for a year.⁷⁰

Similarly, improved care coordination at release can increase stability for those re-entering the community. The State of Connecticut is currently pursuing a Medicaid waiver expansion that would support the needs of individuals with substance use disorders when leaving incarceration.⁷¹

⁶⁶ Couloute, Lucius, “Nowhere to Go: Homelessness Among Formerly Incarcerated People”, Prison Policy Initiative, August 2018, <https://www.prisonpolicy.org/reports/housing.html>.

⁶⁷ Burgess, Heather et al., “Supportive housing building policies and resident psychological needs: a qualitative analysis using self-determination theory”, February 2021, <https://research-ebsco-com.yale.idm.oclc.org/c/rkfpff/viewer/pdf/ocgoieit2n?route=details>.

⁶⁸ Tesemberis, Sam, Leyla Gulcur & Maria Nakae, “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis”, April 2004, <https://pmc.ncbi.nlm.nih.gov/articles/PMC1448313/>.

⁶⁹ National Alliance to End Homelessness, “Housing First Facts Sheet”, 2002. https://endhomelessness.org/wp-content/uploads/2024/10/Housing-First-Fact-Sheet_Aug-2022.pdf.

⁷⁰ 4-CT - cash for reentry. Accessed May 14, 2026. <https://www.4-ct.org/programs/reentry>.

⁷¹ “Substance Use Disorder Demonstration Project.” CT.gov. Accessed May 14, 2026. https://portal.ct.gov/dss/health-and-home-care/substance-use-disorder-demonstration-project?language=en_US.

Keeping people out of the prison system must also include reframing substance use. Policies and programs exist to support people dealing with substance use disorders. Safe injection sites or overdose prevention centers have shown promise in preventing overdoses and substance related deaths, but there are currently none officially available in Connecticut.^{72,73} Other programs such as medication-assisted therapy (MAT), inpatient and outpatient treatment centers and Good Samaritan protections to those reporting overdoses are currently available in Connecticut. Decriminalization or legalization of some substances, alongside safe supply programs, reduce interactions with the criminal legal system for people who use substances. Naloxone is made available at time of reentry through the DOC and those incarcerated can access maintenance medications such as methadone and buprenorphine while inside. Ultimately, comprehensive population-level action is required to support those with mental health and substance use disorders, rather than punitive measures leading to costly and traumatizing cycles of incarceration. This would be of particular benefit to families affected by incarceration through improved paths to reunification and stability.

Reforms to the correctional system itself would also support lowered incarceration rates and recidivism. Changes to the cash bail system and sentencing laws have demonstrated positive impacts throughout the country.^{74,75,76} Connecticut currently has a cash bail system. In recent years the state has made progress towards sentencing reform, but there is room for further reform. For impacted families with children, changes to visitation processes and increased support for reunification can help stabilize formerly incarcerated individuals and their communities. Public Act 26-40, An Act Concerning Health Care In The Department Of Correction Facilities, was passed by the Connecticut General Assembly and signed into law by Governor Ned Lamont during the 2026 legislative session. This bill supports the wellbeing of people during incarceration through changes to healthcare staffing and policies, additional safeguards for nutrition, and enhanced training for correctional staff, among other enacted proposals.⁷⁷

Disparities in health and wellbeing for those that are incarceration-impacted can be addressed through policies at many levels of the correctional system and through social and economic supports that prevent incarceration in the first place. We hope this data and future DCWS data can be used to help design and implement these interventions to ensure an equitable Connecticut for all.

⁷² Kaplan, L., “Safe Injection Sites Save Lives,” *The Nurse Practitioner* 43, no. 7 (2018): 13–15, <https://doi.org/10.1097/01.NPR.0000534948.52123.fb>.

⁷³ “Overdose Prevention Centers.” National Harm Reduction Coalition, February 5, 2026. <https://harmreduction.org/issues/overdosepreventioncenters/>.

⁷⁴ Lockwood, Beatrix, and Annaliese Griffin. “The System: The State of Bail Reform.” The Marshall Project, October 30, 2020. <https://www.themarshallproject.org/2020/10/30/the-state-of-bail-reform>.

⁷⁵ Nelson, Marta, Samuel Feineh, and Maris Mapolski. Rep. *A New Paradigm for Sentencing in the United States*. Vera Institute of Justice, February 2023. <https://vera-institute.files.svdcn.com/production/downloads/publications/Vera-Sentencing-Report-2023.pdf?dm=1676058378>.

⁷⁶ “How Mandatory Minimums Perpetuate Mass Incarceration and What to Do about It.” The Sentencing Project, February 14, 2024. <https://www.sentencingproject.org/fact-sheet/how-mandatory-minimums-perpetuate-mass-incarceration-and-what-to-do-about-it/>.

⁷⁷ “Substitute for Raised H.B. No. 5567 Session Year 2026: An Act Concerning Health Care in the Department of Correction Facilities.” Connecticut General Assembly, May 15, 2026. https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB05567&which_year=2026.

Methodology

The DataHaven Community Wellbeing Survey (DCWS) was designed by DataHaven in consultation with an Advisory Council of over 300 local, statewide, and national survey research experts and local partners, in many cases drawing upon questions that have been used and validated through other large national survey programs.

On behalf of DataHaven, the Siena College Research Institute (SRI) assisted in contacting randomly-selected residents for interviews and in completing live interviews by telephone. For the 2024 survey, interviews were completed from March 11 to July 25, 2024. Residents aged 18 and older were interviewed from all 169 towns in Connecticut. Interviews were conducted seamlessly in both English and Spanish, with 73% of all interviews completed through live conversations with adults reached via cell phone and landline calls to listed and unlisted telephone numbers, incorporating random digit dialing (RDD) as well as a sample of dedicated wireless telephone exchanges from the area. To reach the most representative group of adults possible, this traditional telephone-based sample was supplemented with additional mixed-mode recruitment of adults (27% of the entire sample) through physical mail pieces and packages sent by DataHaven and Siena College Research Institute to randomly-selected mailing addresses, by text messages to cell phone owners, and by interviews gathered from an online panel of survey respondents provided by Lucid, a market research platform. The samples drawn from Lucid matched a set of demographic quotas on age, gender, race/ethnicity, and place of residence. Respondents were sent from Lucid directly to survey software operated by the Siena College Research Institute. All respondents that took the survey online completed attention checks during the survey to ensure proper attention was being paid throughout the entire survey. A small share of respondents received one or more monetary incentives for their participation, typically if they were prompted to open and reply to a physical mail piece and/or if they were asked to complete a longer branch of interview questions relating to family and child wellbeing.

In addition to the traditional RDD samples for landline and cell, Siena College Research Institute augmented the sample using a stratified sampling technique. These stratified samples remained RDD for both landline and cell but used information from the U.S. Census so as to enhance the composition of the sample, including targeted regions, urban centers, and high concentrations of minority populations. The primary supplier of the RDD landline sample was ASDE Survey Sampler of Quebec, Canada and the cell phone sample supplier was Dynata (formerly Survey Sampling Int'l) of Shelton, Connecticut. Additionally, for the cell phone sample we utilized Dynata's Wireless LITe database which enabled the targeting of a cell phone sample by region or zip code. The database included the billing address associated with the telephone number. In addition to the ability to target cell phone sample, utilizing this database allowed the inclusion of non-Connecticut telephone numbers as someone may have moved and their billing address is in the area but their cell phone number is not a "typical" Connecticut telephone number (meaning not a "203" or "860" area code). Again, all of these respondents were screened for residence in the qualifying area before continuing.

Questions about individual incarceration history were limited to men ages 18–64 to balance the need for useful data with concerns about question sensitivity, survey length, and overall respondent burden. In national datasets, men are up to 10 times more likely than women to report individual incarceration experiences, requiring a much larger sample size to produce reliable estimates for women. Additionally, because women and older adults are more likely than men ages 18–64 to receive additional branching questions based on their responses on topics such as family caregiving, health care, food insecurity, and aging, limiting the incarceration questions to men ages 18–64 helps keep the survey experience more consistent and reduces respondent burden across groups. Adults age 65 and older were also not asked about incarceration experiences because incarceration among older adults is more likely to have occurred decades earlier, which can increase recall bias.

Estimates are weighted to reflect the population distribution of Connecticut, but are not age adjusted.

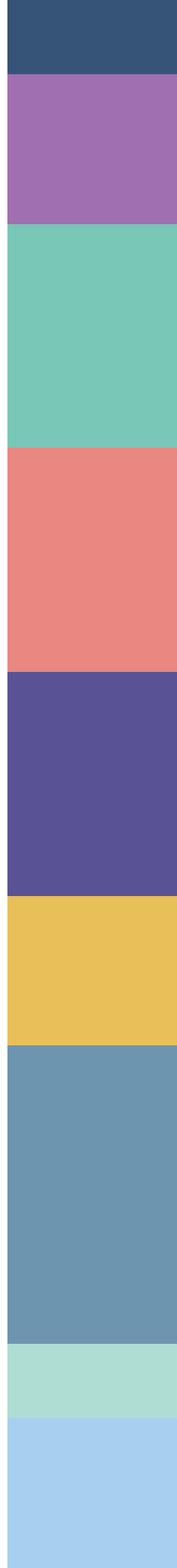
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