

Nobody To Talk To

Barriers to Mental Health Treatment for
Family Members of Individuals
Sentenced to Death or Executed



A Texas After Violence Project Report

October 2019

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INTRODUCTION

Four decades after reinstatement of the death penalty in the United States, the harmful impact of death sentences and executions on persons other than the individual offender is still not widely recognized – not even among mental health professionals who specialize in responding to individual and community needs in the aftermath of traumatic events. The vast majority of the 1,503 executions that have taken place since 1976 (564 of them in Texas) have left parents, children, siblings, and other relatives who might be adversely affected by losing a family member in that particular way. The approximately 2700 individuals currently on death row in the U.S. (over 200 of them in Texas) also have relatives who must feel the impact of that circumstance and the protracted anxiety that it involves.

As a group, however, these relatives have not been identified as survivors who might need or want therapeutic support and treatment. “Families of persons sentenced to death or executed” doesn’t appear as a category on websites of organizations serving trauma survivors; these families’ experiences and potential needs aren’t included in clinical training materials; they are not typically recognized as a population in need of accessible and informed mental health services.

The inquiry into these families’ experience that has occurred up to now has been undertaken by a handful of researchers and activists in the United States and, more recently, within the international human rights community. By publishing this report, the Texas After Violence Project aims to:

- (1) Summarize the attention that this topic has received thus far, and, in so doing, to develop a narrative that integrates academic scholarship with journalistic and advocacy-oriented literature and events;
- (2) Add to the discussion by presenting the results of ten new interviews with death row family members conducted by the Texas After Violence Project in 2019; and
- (3) Directly invite mental health professionals to consider this issue by focusing attention on questions of access or barriers to treatment for family members of persons sentenced to death or executed.

RECOGNIZING DEATH ROW FAMILY MEMBERS: A REVIEW OF RELEVANT LITERATURE AND EVENTS

Identifying Death Row Family Members as Trauma Survivors

In 1987, when John Smykla published his findings after interviewing forty family members of death row inmates in Alabama, he noted how little attention had previously been paid to the impact of capital punishment on any other stakeholders, let alone those closest to the offender. At that time, the only other study of death row family members in the modern, post-reinstatement era was Radelet, Vandiver, and Berardo's (1983) look at the impact of the death penalty's inherent "structured uncertainty" on the relationships between death row inmates and their families. It's notable that in that early investigation of "the human impact" of capital punishment, two of the three authors were also involved with the death penalty as activists, having regularly visited men on Florida's death row for years prior to conducting their formal study. This anticipates a theme that would remain common in subsequent years: those who have explored the issue of death row families within academic contexts have tended to be individuals who were also activists having their own direct engagement with that human impact and motivated by a desire to draw wider attention to the suffering that they had witnessed.

These early explorations established the basic premise that death sentences and executions have a negative impact on the prisoner's family members. Smykla described the families' "prolonged suffering" and noted anger, isolation, and other forms of negative impact on the families' emotional and physical well-being. The early literature also introduces blame and guilt as central concepts in the discussion – both the stigma and guilt-by-association that death row families experience from others and the complicated feelings of self-accusation and self-blame that they sometimes direct toward themselves.

Beck, Blackwell, Leonard, and Mears (2003) appear to be the first to bring an explicitly clinical framework to the consideration of families of capital defendants. In studying nineteen family members of capital defendants, they administered a standard psychological assessment for depression and collected information about symptoms of Post-Traumatic Stress Disorder. Using language that would be immediately recognizable to those in the fields of trauma studies and trauma treatment, they referred to the family members' experience of such symptoms as hyperarousal, numbness, and intrusive thoughts. Significantly, they found that of the twelve participants who participated in the psychological assessment phase of their study, "eleven of the respondents were diagnosed

with major depression, and all of them had symptoms consistent with PTSD.”¹ (See also Kate King, 2004, which compares grieving patterns of murder victims’ family members with grieving patterns of death row families.)

A few years later, Beck and Jones (2007-8) published another study, this time looking specifically at how an individual’s death sentence or execution affects the children in the family. They examined several issues, including the effect on a child’s loss of identification with their state and country and loss of a sense of the state as protector. This close look at the particular needs of children in death row families laid the groundwork for subsequent framing of the issue as meriting attention from others concerned with child welfare and children’s rights at the international level (see below).

During this same period, three book-length explorations of the topic of death row families (King, 2005; Sharp, 2005; Beck, Britto, and Andrews, 2007) enabled the family members to speak for themselves at greater length and further situated their experience within the context of others who have experienced traumatic loss. Throughout, the basic premise was that as relatives of persons whose lives are threatened or have been taken “by the deliberate act of another human being”² rather than by disease or natural disaster, death row families should be acknowledged by the same communities and professions that acknowledge other such survivors – even if they have been, as Susan Sharp put it in the title of her 2005 book that was based on interviews with Oklahoma families, “hidden victims.”

The Distinct Experience of Death Row Family Members

Studies of death row families have typically consisted of a dual inquiry. Researchers and advocates look both at how the experience of these families is like the experience of other victims of violent loss (particularly family members of murder victims) and how it is distinct from other experiences of loss because of the particular characteristics of the death penalty. Discussions of the parallels between death row families’ and murder victims’ families’ experience of loss,

1 At around this same time, Eschholz, Reed, Beck, and Leonard (2003) published additional material about the trauma experienced by death row families, in the context of proposing a restorative justice framework for responding in the aftermath of homicides.

2 This phrase comes from *The Handbook on Justice for Victims*, published by the UN Office for Drug Control and Crime prevention, and is quoted in Sheffer and Cushing, 2006. The handbook distinguishes survivors’ experience of murder from their experience of loss due to “accident or similar misfortune” by noting that “[i]t is difficult to come to terms with the fact that loss and injury have been caused by the deliberate act of another human being.”

grief, and trauma are accompanied by attempts to point out the distinctly death penalty-related aspects of the experience, like the fact that when someone dies by execution, the perpetrator is not a single identifiable individual but rather “the state,” whatever that may mean in the minds of the family members trying to understand what is happening. Recall Beck et al’s (2003) observation that a family member’s death sentence and execution change a child’s attitude toward the state, because “the state” is explained as the party responsible for the child’s loss. Similarly, Radelet et al (1983) speculate that “in contrast to others facing loss, these families must know that the death of their loved one is actively desired by others” – another distinguishing characteristic of the experience that likely affects the family members’ efforts to cope with and make meaning of what is happening to them.

Likewise, the experience of death row families is both like and unlike the experience of other family members of incarcerated individuals. Though there are many areas of overlap – navigating the criminal justice system, managing family separation and prison visits and phone calls – Smykla (1987) was clear in that early study that the specific reactions he observed in death row families had not been observed in family members facing other kinds of loss or separation, *even family members of those incarcerated for sentences other than death* [emphasis added].

Beck and Jones (2007-8) similarly explore the distinct characteristics of the death penalty’s impact, including the fact that the family member is not just away in prison but away in prison with the threat of death always looming, however immediate or far off it might feel on a given day. This combination of knowledge and uncertainty inherent in the often-repeated cycle of death sentence, litigation, and temporary reprieve means that the family members experience “anticipatory grief” over an extended period of time (De La Rey, Parekh, and Van Rooyen, 1994; Beck and Jones, 2007-2008) and the emotional whiplash of hopes raised and dashed and then raised again, sometimes several times in succession (see also Adcock, 2010).

The few available studies that we discuss here draw primarily or entirely on interviews with immediate family members of persons sentenced to death or executed – parents, siblings, and children (often grown children by the time of the interview or testimony). Occasional mentions of the impact on technically more distant relatives such as cousins, nieces and nephews, and grandchildren, however, suggest that consideration of the mental health impact of death sentences and executions should not be limited to any particular category of relative, as these ostensibly less-immediate family members may also experience significant impact (see, for example, Sheffer and Cushing, 2006).

Furthermore, because this very small sample includes relatives who were not yet born when the execution took place, literature on intergenerational

trauma will also be important for comprehensive understanding of the impact of death sentences and executions on an individual's family members. To our knowledge, no research has yet looked specifically at intergenerational trauma in families that have experienced a death sentence or execution, but literature on intergenerational trauma in, for example, families of Holocaust survivors, Vietnam veterans, Native Americans, and survivors of mass violence (see, for example, Danieli, 1998, Starman, 2006) suggests likely parallels that make this an area for study in death row families as well.

Acknowledging Stigma and Marginalization

In calling death row families “hidden victims,” Susan Sharp (2005) was pointing out both how unnoticed these families are by many sectors of the community and how unlikely they are to find a sympathetic audience if they do express their grief. One of Sharp's interviewees pointed out that it's not uncommon for relatives to encounter people cheering and celebrating their loved one's execution, and their own grief is not “seen as valid” by the surrounding community.

The fact that grief of death row families doesn't even count as grief to some listeners led Jones and Beck (2006-2007) to connect Kenneth Doka's phrase “disenfranchised grief” with the death row families they were studying. As Jones and Beck explained, Doka's concept, introduced to psychological literature in 1989, “refers to instances when the bereaved are denied the ‘right to grieve’ by the larger society.” When a loss “cannot be openly acknowledged, publicly mourned, or socially supported,” healing is harder than it would be otherwise, Doka asserted, and Jones and Beck argue that the phenomenon applies precisely to families of persons sentenced to death or executed.

Using the “disenfranchised grief” framework to highlight key aspects of death row families' experience was an important contribution to the discussion, though activists may not yet have widely adopted that language. In our present discussion, as we consider access to mental health treatment for death row families, the concept of disenfranchised grief can serve as a reminder that recognition of the grief (and, by extension, the traumatic impact) that death row families experience will need to involve more than simple awareness that such families exist, though that must certainly come first. Families will also need to know that their grief can safely be made public enough to receive appropriate, sympathetic attention when they seek therapeutic or other related kinds of help.

Further related to the issues of stigma and disenfranchised grief is the statistical likelihood that death row families have already been marginalized throughout their lives for other reasons – most notably, because of race and

socioeconomic class. Although literature about the death penalty frequently mentions racial disparities in its application,³ Schweizer (2013) appears to have been the first to connect racial disparity in capital sentencing with impact on family members of capital defendants. She notes that “The persistent racial disparity in capital punishment exposes a disproportionate number of African American families to the death penalty” and suggests that it therefore “seems reasonable to consider that African American families may experience additional or compounded negative consequences from their loved one facing the death penalty since they are confronted with the reality that race, the race of their loved [one] and/or of the victim, was likely a significant factor in the seeking or the imposition of the death penalty” (p.94). Because Schweizer did not find any existing literature that focused specifically on the impact on African-American death row families, she devotes the rest of her discussion to summarizing the studies of death row families in general that we have cited here, and then suggests that a look at the specific experiences of African-American families would be an important contribution.

Matara Wright’s doctoral dissertation, written a few years later and based on material from seven interview subjects, is apparently the first scholarly study that aimed to focus specifically on the question of “the emotional experiences of Black death row families” (Wright, 2018). The Texas After Violence Project helped to facilitate these interviews.

In addition to the emotional impact seen in studies of other death row family members (anger, guilt, helplessness, and trauma responses like avoidance, reactivity, heightened startle response, nightmares, flashbacks, dissociation, and difficulty in relationships), all of Wright’s participants spoke directly about how their awareness of racial disparity further influenced their own response to the events, particularly their sense of being ignored and treated unfairly. This in turn affected their attitude toward seeking support from the professional mental health community (see below).

3 See, for example, Amnesty International’s report “Death by Discrimination: The Continuing Role of Race in Capital Cases,” <https://www.amnesty.org/en/documents/AMR51/046/2003/en/>, and reports from Virginia, <https://www.aclu.org/other/broken-justice-death-penalty-virginia>, North Carolina, <https://deathpenaltyinfo.org/race-and-death-penalty-north-carolina>, and the information compiled by the Death Penalty Information Center, <https://deathpenaltyinfo.org/race-and-death-penalty#resources>.

Activism and Direct Testimony

In addition to research published in scholarly journals, direct oral or written testimony has also figured prominently in the timeline of attention paid to the issue of how death sentences and executions affect family members. Unlike the anonymous or pseudonymous quotations contained in scholarly research, oral or written testimony has involved family members telling their stories or making statements using their real names, sometimes explicitly as part of an educational or advocacy project.

Inclusion of death row families' voices in activist efforts dates back to the year of reinstatement, when Marie Deans founded the organization that would later be called Murder Victims' Families for Reconciliation. Deans, whose mother-in-law had been murdered four years previously, was an activist and mitigation specialist who would work closely throughout the next decade with dozens of prisoners on death row and their families. She decided from the start to include family members of executed persons in the victims' organization she was initiating, reasoning that these family members were also relatives of individuals whose lives had been taken and that it would be powerful for the two groups to join together (unpublished interview with Marie Deans, April 2001; see also Peppers, 2017). Subsequently, the victim-led organization The Journey of Hope ... from Violence to Healing similarly chose to include families of individuals who were on death row or already executed in their speaking tours, during which members would address groups at schools, churches, and other venues.

Through these two organizations, and sometimes through state death penalty abolition groups as well, family members of those who had been sentenced to death or executed could tell their stories to audiences that had invited them to do so and could join others in testifying on behalf of legislation that would abolish or limit the death penalty. Unlike the scholarly research, these individual statements were not necessarily looking systematically at the issue of how the death penalty affects family members of those who are sentenced to death or executed, but they certainly testified directly to that impact and enabled family members to feel that they were putting their personal stories to a broader public use.

Victims' organizations' inclusion of family members of persons who had been sentenced to death or executed was of course a significant statement about the parallels between that experience and the experience of murder victims' family members. In 2005, the newly founded organization Murder Victims' Families for Human Rights launched a project called "No Silence, No Shame" that attempted to make this parallel even more explicit by arguing that family members of executed persons should be entitled to various rights and services

that were available to other victims' family members – for example, support from victim service providers and child welfare advocates.

Along with the effort to show that families of executed persons “count” as victims in various ways, the “No Silence, No Shame” project also attempted to highlight the distinct needs of this particular category of surviving family members and to draw attention to families of the executed as a group in need of specific kinds of attention and recognition.⁴ The official launch of the project included the first deliberate convening of family members of executed persons in the United States. That event, held in Austin, Texas in October 2005, included a private gathering and then a press conference and remembrance ceremony (Sheffer and Cushing, 2006; Sheffer, 2015), and was notable for being the first known public event devoted entirely to this issue. Some of the participants said that it was the first time they had ever sat in a group and talked about their experience with others who also had lost a family member to execution. (In 2011 another circle gathering, held in New Orleans within a larger conference of victims' family members that MVFHR had convened, similarly gave families of executed persons an opportunity to share their stories with one another in a structured group setting.)

Other examples of the inclusion of oral testimony during this period include Rachel King's 2005 book *Capital Consequences*, a collection of chapters edited from oral interviews with families of persons sentenced to death or executed (King's previous volume in 2003, *Don't Kill in Our Names*, had been a collection of similarly structured stories from murder victims' family members), and the founding of the Texas After Violence Project (TAVP) in 2007.

From the outset, TAVP considered the death penalty one of society's many “trauma-organized systems,” a term used by public health professionals and drawn from family systems therapy. The term refers to the way in which a system becomes “fundamentally and unconsciously organized around the impact of chronic and toxic stress” (Bloom, 2013), leading the system itself to become amnesiac, dissociated, and unable to recognize its own violence or its traumatic effect (Bloom and Reichert, 1998; Long, in United Nations OHCHR, 2016). TAVP's original focus was on building an archive of personal stories in which stakeholders – individuals directly affected by murder and the death

⁴ Murder Victims' Families for Human Rights focused on families of individuals who had already been executed, and did not include families of those still on death row, because MVFHR's membership consisted of relatives of persons who had been killed, whether by murder or state execution. Most of the other efforts summarized here have focused on families of persons sentenced to death or executed, and the shorthand phrase “death row families” is meant to cover both groups.

penalty – could talk about their experiences in their own words, with the idea that recording and disseminating such personal accounts might help all stakeholders comprehend the oppressive violence of the system. Since its founding, TAVP has continued to record stories from death row family members and other stakeholders, adding to a growing collection of documentation about the traumatic impact of death sentences and executions on all persons connected to the death penalty system (see also Adcock, 2010; Bohm, 2010; Bohm, 2012; Gil, Johnson, and Johnson, 2006; Lifton and Mitchell, 2000; United Nations OHCHR, 2016).

Throughout the years, public testimony from death row family members has resulted in some popular press coverage, typically of individual cases but occasionally with some mention of the experience of death row family members more generally. A 2005 editorial in the *Austin American-Statesman*, for example, published just after the “No Silence, No Shame” project launch, was titled “The families left behind” and included the observation that although “we hardly give them a second thought – if we notice them at all,” the experience of families of executed persons “should spur debate about whether executions are creating a class of victims who are being traumatized by state killing machines.”⁵

Some feature stories about individual families’ cases have also cited the scholarly research.⁶ Occasionally, the topic has attracted the interest of filmmakers and playwrights. While these projects mostly have not received very wide distribution, they are worth noting as additional explorations of the experience of death row family members⁷ and as vehicles for highlighting some of the specific issues that may further complicate a surviving family member’s struggle, such as the loss of a son who committed his crime as a juvenile⁸, or the divided loyalties of children in a domestic violence case⁹, or the intersection of mental illness and the death penalty.¹⁰

5 Austin American-Statesman Editorial Board, 2005. The families left behind. *Austin American-Statesman*, October 28, 2005. Available at <http://mvfhr.org/editorial>

6 See, e.g., Federica Valabrega, The Forgotten Victims, *In the Fray*, 2/3/2009; Sabine Heinlein, My Brother’s Keeper, *Pacific Standard*, 12/10/2018.

7 See, e.g., Erik Mauck, dir., *The Road to Livingston*, 2013 (available on Amazon Prime), or Claire Huie, dir., *A Ghost in this House*, 2006 (available at <https://vimeo.com/60762841>).

8 John Fleming, playwright, *The Two Lives of Napoleon Beazley*, Flamboyant Theater, New York City, 2008), script available at [TAVP]

9 Linda Booker, dir., *Love Lived on Death Row*, 2007; available at <http://www.lovelivedondeathrow.com>

10 Dee Hibber-Jones and NomiTalisman, dirs., *Last Day of Freedom*, 2015; Oscar-nominated animated short, available at <http://www.lastdayoffreedom.net/>

Finally, at least a couple of legal scholars have argued that death row families' stories about their experiences of trauma suggest some potentially judicable rights – that is, rights that could be demanded in a court of law. We note this here not only because the arguments may indeed be worthy of legal pursuit but also because articulation and pursuit of legal rights can be a therapeutically empowering and effective way of meaning-making for trauma survivors.

In a 2007 law review article, Rachel King laid out a substantive due process argument for protecting inmates' families from the harm of the death penalty, finding the death penalty to be an unconstitutional infringement on their constitutional rights to family integrity and unity (King, 2007). More recently, law professor John Bessler (2018, 2019) has written a series of articles arguing that the death penalty violates US constitutional and statutory provisions against torture and that the anti-therapeutic effects of the death penalty on all participants in the system are in fact the consequence of torture. He observes:

The concepts of torture and trauma are distinct from one another, but an examination of both concepts makes clear that capital charges, death sentences, and executions inflict severe trauma and bear the clear indicia of torture. The process of state-sanctioned killing adversely affects a wide variety of individuals and, as an inherently torturous activity, constitutes an affront to human dignity and the right to be free from torture and cruelty. Not only are capital defendants and death row inmates subjected to continuous and, ultimately, imminent threats of death (and, for some, death itself), but capital litigation also affects judges and jurors, prosecutors and defense lawyers, crime victims' families, and the loved ones of capital defendants. [emphasis added] Because credible threats of death are torturous in nature, they should not be allowed; death sentences, at bottom, are death threats – only they are made by state actors instead of private actors. (Bessler, 2019, pp. 97-8).

A Human Rights Framework: Attention to Death Row Families Outside the U.S.

The report *Creating More Victims: How Executions Hurt the Families Left Behind* that Murder Victims' Families for Human Rights released in 2006 (Sheffer and Cushing, 2006) argued that families of executed persons ought to be considered victims under the United Nations Universal Declaration of

Basic Principles of Justice for Victims of Crime and Abuse of Power. In making this proposal, MVFHR was exploring the possibility that using a human rights framework to consider the issue of families of executed persons could help attract new allies and lay the groundwork for initiatives that might lead to greater recognition of these families as an affected group entitled to recognition and assistance.

Situating the issue within an international human rights context also had the potential to explore similarities and differences in the impact of death sentences and executions across cultures. Relatively early on, De La Rey, Parekh, and Van Rooyen (1994) had interviewed 15 family members of persons sentenced to death in Pretoria, South Africa and had found evidence of traumatic impact similar to what researchers in the U.S. found, but inter-cultural dialogue among researchers, advocates, or family members themselves remained rare (or entirely absent) for much of the period we are describing here. Conceiving of itself as an international organization and aspiring to make connections with family members of murder victims and family members of executed persons outside the United States, MVFHR had more success identifying and eventually working with family members of murder victims in other retentionist countries than family members of executed persons, but one notable exception was an MVFHR presentation at the Third International Women's Peace Conference, held in Dallas in 2007. There, two relatives of men who had been executed in Texas were joined on a panel by a woman whose son had been executed in Uzbekistan and who had founded a group specifically for such families in that country. All three described the traumatic impact of their experiences.¹¹

A few years later, the Quaker United Nations Office (QUNO) emerged as a leader in the effort to draw international attention to this issue – specifically, to the needs of *children* of parents sentenced to death or executed. Having published an initial report on the issue (Kearney, 2012),¹² QUNO then convened

11 Uzbekistan abolished the death penalty in 2008, and the group that Tamara Chikunova founded, Mothers Against the Death Penalty and Torture, continued to advocate for greater recognition of the needs of surviving family members. This is worth bearing in mind within a U.S. context as well: even after a state (or, potentially, the country) abolishes the death penalty, family members – particularly of those who have already been executed – may still be suffering in ways that will make questions of access to mental health treatment continually relevant.

12 A version of this paper by Helen Kearney was also published in the 2014 collection *Capital Punishment: New Perspectives* (Hodgkinson, P., ed.). That volume also includes Kandelina and Hodgkinson's chapter on the stigma experienced by family members when visiting death row, which focuses on families in Texas and Florida but also includes discussion of families in China, Uganda, and Vietnam.

an expert workshop in Geneva, Switzerland in February 2013. The 11 participants represented or drew from work experience in Asia, Africa, the Caribbean, and the United States.¹³ Among the notable outcomes of this gathering was a UN resolution on March 15, 2013 (A/HRC/22/L.18) to convene a panel at the Human Rights Council that would study the human rights of children of parents sentenced to death or executed. The briefing document in support of that resolution called the impact on children of parents sentenced to death or executed “a humanitarian and human rights issue that has received little attention” and went on to summarize the ostracism, lack of protection, emotional harm, and other challenges that such children face, including being forced into an ambiguous or conflicted relationship with the state because the state is responsible for taking the parent’s life.

The UN Human Rights Council panel met on September 11, 2013, receiving expert testimony from QUNO workshop members Sandra Joy and Francis Ssuubi, founder of the Ugandan organization Wells of Hope, among others (A/HRC/24/2). On June 30, 2014, the annual report of the UN High Commissioner for Human Rights and the Secretary General on the Question of the Death Penalty (A/HRC/27/23) commented on queries made of member states about the conditions of death row inmates’ children, urged further study of the issue, and observed remarks delivered in March 2014 by the Secretary-General on Violence against Children:

[T]he loss of a parent is traumatic and irreversible but, unlike a natural death, when it is officially performed by the authorities of a country, it becomes particularly confusing and frightening for a child. Children find it hard to explain their situation, and are increasingly tempted to deny it and hide their feelings. . . . [T]he sentencing of a parent to the death penalty compromises the enjoyment of a wide spectrum of children’s rights.¹⁴

Another immediate notable outcome of QUNO’s expert workshop was a report, published later in 2013, titled *Lightening the Load: The Effect of the Paren-*

13 Participants from the United States included researchers and activists Elizabeth Beck and Sandra Joy (formerly Sandra Jones), whose work has been cited here repeatedly, Texas After Violence Project founder Walter Long, and director of MVFHR’s No Silence, No Shame Project Susannah Sheffer.

14 For a complete timeline of QUNO’s work on children of incarcerated parents generally, and children of parents sentenced to death or executed specifically, see <https://quno.org/timeline/Children-of-Prisoners>

tal Death Sentence on Children (Robertson and Brett, 2013). This report echoed several themes of earlier research while bringing in an international perspective, drawing upon stories and examples from several different countries. *Lightening the Load* and a follow-up report, *Children of Parents Sentenced to Death or Executed: How are they affected? How can they be supported?*, were also notable for raising specific and detailed questions about what kinds of mental health services might be useful to children and what might get in the way of those services being provided.

By 2016, when the UN Office of the High Commissioner for Human Rights decided to compile a book-length publication focusing on the death penalty's harmful impact on the range of those associated with it, families of persons sentenced to death or executed figured prominently in the discussion.¹⁵ At the high level side event held at the United Nations in New York City in conjunction with that publication's release, it was also notable that several of the delegates who made comments from the floor referred to the harmful impact that children and other relatives of persons sentenced to death or executed experience.

Death Row Families and the Mental Health Field

That death row families lack sufficient support has been implicit, and often stated outright, in all of the material discussed here so far. In their early study, Radelet, Vandiver, and Berardo (1983) noted that “the families share a constant thirst for information and support” but have no obvious way to obtain it. This had not changed much by a decade and a half later, when King and Norgard (1999) published their findings after interviewing 28 family members of persons sentenced to death or executed. King and Norgard noted that “no state-provided treatment options exist for families of the condemned. Further, the sentencing courts provide no support options, nor do prisons, victims' programs, or social service agencies.”

Only in more recent years, however, has the question of access to therapeutic treatment, and the need to educate mental health professionals about this population's needs, been taken up explicitly. For example, the list of recommendations accompanying Murder Victims' Families for Human Rights' *Creating More Victims* report (Sheffer and Cushing, 2006) included this to

¹⁵ The volume, linked in full at the TAVP website (<http://texasafterviolence.org/wp-content/uploads/2016/09/DP-Victims-WEB.pdf>), contains chapters about US death row families by Sheffer, Sharp, and Joy, as well as chapters about essentially all other stakeholders in death penalty cases.

mental health professionals: “We recommend that the short- and long-term psychological effects of an execution in the family be included in literature and training directed at social workers, clinical psychologists, trauma specialists, and others who might come in contact with such families. We also recommend that witnessing executions be recognized as a ‘gateway’ criterion for post-traumatic stress disorder.”

At the same time, Jones and Beck (2006-2007) provided what was perhaps the first direct exhortation to the mental health community about the need for that community to become better informed about this population:

Mental health professionals need to have an understanding of the complexities related to a capital crime. ... Mental health professionals need to be able to assist family members both with the stages of the grieving, and their own sense of loss of ideals. We believe that knowledge regarding this population is important to the effectiveness of mental health professionals.

In 2011, Texas After Violence Project founder Walter Long published an article that went beyond noting the need for clinical attention to death row families. Long laid out a proposal for a specific approach that he believed could be particularly helpful to families dealing with the ambiguous loss inherent in their situation. Observing that “this class [of trauma victims] remains virtually unknown to the therapeutic community,” Long drew upon concepts familiar to family therapists – particularly the concept of the “family ghost” (a missing family member to whom the other family members have a complicated emotional relationship) and the value of meaning-making following a loss.

QUNO’s *Lightening the Load* report, discussed earlier (Robertson and Brett, 2013), also included some explicitly clinical recommendations, focusing on children rather than on family members in general because that was the focus of the report overall. Notable among those observations was the suggestion that children who appear to be coping well “may in reality be struggling.” The report continues:

It is important to recognise that such behaviours may be attempts to blend in or not to be a problem to the family, rather than demonstrating resilience and going through the normal stages of mourning and recovery from trauma.

The QUNO report is also explicit in its naming of some specific barriers to treatment for children of parents sentenced to death or executed, including “non-diagnosis, as well as personal or cultural aversion to counselling or stigma

around mental health.” Of particular relevance to the present discussion is QUNO’s consideration of the potential barriers to providing, or accessing, mental health treatment given the role of the death penalty in society:

[M]any government-run or government-funded groups may not help children of parents sentenced to death or executed (sometimes deliberately excluding them from categories to which they offer support); conversely, children may be unwilling to ask for or accept help from the same entity that is responsible for killing their parent.

Released not long after *Lightening the Load*, Sandra Joy’s book *Grief, Loss, and Treatment for Death Row Families* (Joy, 2013) is the first major work on death row families to focus directly on the question of access to mental health treatment and to offer detailed guidance for clinicians who might encounter members of this population. Joy, herself a clinician, opens with a story about her own encounter with a mother of a man facing execution, while working in an inpatient facility. She observes that other clinicians’ lack of familiarity with the needs and experiences of death row families got in the way not only of the client’s comfort but of their own.

In addition to detailing the challenges that death row family members face at each stage of the death penalty process, Joy points out that death row families may not seek treatment specifically for the impact of their relative’s death sentence or execution, even though that impact may turn out to have great bearing on the presenting problem. A child or other family member may seek (or be sent to) therapy for depression, or substance abuse, or disruptive behavior in school, for example, and the fact that a family member is currently facing execution, or was recently executed, or was executed many years before, may come out only later on, unless the clinician is informed enough to be alert to the possibility of this circumstance. Thus, when we are considering the question of mental health treatment for death row families, it will be important to bear in mind that a family’s initial entry into the mental health system may not immediately identify them as belonging to this population.

Wright’s (2018) recent study of African-American death row families also gives some attention to the question of access to mental health treatment and makes some recommendations that consider stigma not only in terms of being a death row family member but also specifically in terms of the historically negative associations that the Black community has had with mental health services. Wright observes that the symptoms of trauma and other forms of distress that African-American families experience throughout the process of a family member’s death sentence and execution can feel like “a repeat of a history of being unvalued, mistreated, and abused by the government.” They “do not typically

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seek out mental health assistance,” Wright notes, “as there is stigma within the Black community regarding therapy and mental health services” along with “a history of abuse or unethical treatment of African-Americans by the medical field in the United States” (p.65).

OUR INTERVIEWS AND DISCUSSION

What We Wanted To Learn

Between 2007 (our founding year) and 2019, the Texas After Violence Project has conducted 116 oral histories with individuals who have had direct experience with Texas death penalty cases. Of these, twelve individuals were family members of executed persons. During (and prior to) that same period, members of our staff and board of directors were involved in some of the research and advocacy efforts described in this report. Listening to so many stories from death row families over the years has left us with little doubt about the negative impact of death sentences and executions on the mental health of the prisoners' family members.

Meanwhile, our interaction with members of the professional mental health community, including individuals and organizations that specialize in providing treatment in the aftermath of traumatic events, has confirmed our belief that as a group potentially in need of informed and accessible care, "death row families" remain largely unknown and unconsidered within the field. The most common response to our informal surveying and discussion has been some version of, "I've never thought about the family members." Even when this sentiment is expressed sympathetically, and even when the speaker has enough understanding of trauma and the dynamics of family relationships to begin to imagine how death row family members might be affected by their experiences, it is clear that there has not been much interaction between death row families and mental health service providers, and certainly very little interaction in which the family member's experience with the death penalty is explicitly recognized and addressed as part of the care they are receiving.

With this in mind, we set out to conduct a new series of interviews that would supplement the existing body of research by inquiring directly about death row family members' attitudes toward clinical mental health services. We wanted to learn more about whether family members had ever sought out that kind of help or even considered it at any point after their loved one was sentenced to death – and if not, why not. We wanted family members' personal testimony and reflections to inform any further discussion about what might help to make mental health services more accessible to this population. Beyond this, we wanted to learn more about what helps death row family members as they cope with a loss that is both like and distinct from other traumatic losses that families experience. What can provide support and help survivors to make meaning out of what is happening to them?

Between January and June of 2019, TAVP conducted ten new interviews with family members of individuals currently on death row or already executed in Texas. Some interviews were conducted on camera for inclusion in the general TAVP archive and some were conducted off-camera for this report only. In addition to inviting interviewees to tell their stories about their relationship with their family member and their experience of that family member's arrest, death sentence, and (when applicable) execution, our inquiry focused on the interviewee's feelings about seeking therapeutic help at any point in that emotionally devastating sequence of events. We wanted to explore the gap between the severity of the emotional impact that death row family members experience and their access to therapeutic support and intervention.

In considering death row family members' access to mental health services, we are looking at the range of variables that inform the broader question, "Is receiving therapeutic help something that feels both possible and useful?" When asking our interviewees whether they sought therapeutic services and if not, why not, we were listening for comments about affordability and physical proximity, to be sure, but we were also listening for comments that revealed the speaker's concerns, or assumptions, about therapy, as well as any positive or negative experiences that they had had with such services in the past.

What We Heard

Several barriers to accessing mental health treatment emerged in our interviewees' narratives.

Financial Barriers

Financial inaccessibility is the barrier to treatment that is least specific to death row families; it's a barrier that anyone with insufficient insurance coverage can face. Having a family member on death row imposes additional financial strain on an already struggling family, however, whether it's the expense of traveling to the prison or the loss of income when a family member has to take time off from work to attend to a sudden urgent matter associated with the case. Families may feel obligated to use whatever money they can spare to help the member on death row. Asked about whether she had ever sought therapeutic help for herself, one mother said

Who do you talk to? Who do you go to? Because a lot of people that have loved ones on death row, they don't have the finances to seek therapy or to see someone on a regular basis, and it's like, okay, do I pay to go to a psychiatrist,

or do I send my [family member on death row] money to eat?¹⁶

This mother characterized the trauma of having a family member on death row as “a silent killer.” When she described the toll that the experience has taken on her physical and her mental health, she spoke of being “consumed by depression and anxiety” and having to force herself to get out of bed.

I didn't want to be around people. I stopped going to family events because it's almost like when I'm around people I just want to just run off. If I try to go to an event, I have to talk myself through it: it's okay, it's okay. Calm down. Breathe.

Hearing about some of her symptoms, this interviewee's primary care physician recommended that she try counseling and referred her to a counselor within the same office whose services were funded by a short-term grant. Our interviewee told us that she found the sessions helpful and would have continued going if the funding had not run out, though she added that she would have preferred to work with someone who was more familiar with the death penalty.

Meanwhile, though she continues to suffer from severe depression, her commitment to both of her children – the son on death row, and his brother who also needs his mother – keeps her going, most days. “I can't tell you how many times I have thought about suicide,” she admitted.

There's times that I literally was gonna drive off a bridge. I started going over a hundred miles an hour, fast as I could, because I was just gonna go over that bridge. And then I was like, who's gonna look after [my son on death row]? What's gonna happen to [his brother] because then he'll be left alone, and then I will create a situation for him, because I'll be gone, then he'll have to look after his brother, so I'll create a situation for him that can cause him eventually to be in the same state of depression as I am, because, you know: your mother committed suicide. Can you imagine the grief that it would put upon him? You know, you've got a brother that's scheduled to die, and you've got a mother who killed herself? I wouldn't do that to him.

16 Earlier, this interviewee had talked about how she had learned that her son was not eating the prison food and, worried about his health, she chose to send some money to his commissary fund.

She told us that she is not against trying counseling again, but she remains concerned about how she would afford it and how she would find someone to see. “I don’t even know where to start to look for a therapist,” she said, echoing the comments of other interviewees who expressed uncertainty about how to find out about any available services, let alone how to find a therapist who had even minimal knowledge about the death penalty.

It’s hard to ask someone in such evident distress, with so many other demands on them already, to go to the effort of researching available services and screening potential providers. Moreover, it seems that even when a death row family member asks outright for therapeutic services for herself or her other family members, that request can sometimes be misunderstood. Another interviewee, whose husband is on death row, described her efforts to seek some kind of therapy for herself and her children. She telephoned a mental health clinic and explained that she did not have health insurance for herself and that her children’s health insurance was through the state. “Is there something that can be done at least for my girls?” she asked, and she was referred to another agency. As she recounted it to us, when she visited that second agency and learned that they offered other services (such as information about women’s shelters and food assistance) but not therapy, she felt frustrated and began to conclude that therapy would not be accessible to her family.

We needed professional help to give us outlets on how to deal with it, give us tools that we could use every day in our lives to learn how to cope with it, and it wasn’t there. ... It’s not there for us to utilize it because it comes down to money, insurance.

She went on to express her desire for such help and her picture of what it would be like:

Just having a neutral person that you know you can go to and pour your heart out and talk to them and just want to scream and cry and let it all out, you can do that. ... Knowing that you have that positive place to go to, judgment-free zone. That would be – oh my gosh – that would be such a help. It really, really would. ... But all I can do is just hope and pray that one day the resources and things like that for mental health issues and family therapy is truly abundant and the help is there. It’s just there because it’s needed. It is needed so bad.

Views About Medication

Like issues related to health insurance, attitudes toward or assumptions about psychotropic medication are not specific to death row families. When bias against medication leads death row families to avoid therapy, however, those families miss out on the full range of options for addressing the symptoms they experience, since some of the most effective treatments for trauma do not involve medication.¹⁷

One mother who had witnessed her son's execution, naming that act "the hardest thing I've ever had to do in my life," responded to our question about whether she had ever sought mental health services by saying, "I'm not a proponent of chemical help. In today's world, they want to give you a pill for everything which exacerbates a lot of conditions, I believe ..." Similarly, a sister of a man on death row said, "I can't even tell you how often I cry myself to sleep. I should see somebody. I did once, and they put me on pills. And those pills just made me a zombie and I didn't care about shit. I couldn't do that and function."

Of course, these family members might choose not to pursue mental health services for other reasons as well, but their comments do raise questions about what might result from – for example – a focused effort to raise awareness about available treatment options that do not involve or are not limited to prescription medication.

"I didn't think there was going to be anything that helped me," said one interviewee, reflecting on her years of emotional struggle following her brother's arrest and death sentence. In her interview, she described a long period during which she was the member of the family who attended the court dates and took care of whatever had to be done in connection with her brother's situation. She spoke of being so consumed by that role that "I didn't have my own identity – being the sister defined me." After her brother was executed, she remembers feeling suicidal, isolating herself from others, and turning to alcohol for relief.

She told us that for a long time, she didn't seek out therapy.

"I would just go to my family doctor and I was just on anti-depressants," she explained. One might say that she was receiving treatment during this period, in that she was prescribed anti-depressant medication, but in her interview, she emphasized that the anti-depressants didn't address all that she needed.

¹⁷ See, for example, the work of Bessel Van der Kolk (<http://besselvanderkolk.net/index.html>) and the Trauma Center, or the work of Richard Schwartz, Frank Anderson, and others involved with the Internal Family Systems approach (<https://www.selfleadership.org/>), or the Sensorimotor Psychotherapy Institute (<https://www.sensorimotorpsychotherapy.org/home/index.html>), or the list of interventions catalogued by the National Child Traumatic Stress Network (<https://www.nctsn.org/treatments-and-practices/trauma-treatments>).

Now under the care of a psychiatrist and engaged in therapy that addresses her Post-Traumatic Stress Disorder and anxiety, she says she finally feels that she is receiving therapeutic care that is truly helpful. Many years after her brother's execution, she says she wishes she had "known not to be so scared [of seeking treatment]."

Stigma and Distrust

As discussed earlier, death row families' fears of being stigmatized and misunderstood make them wary about trusting anyone, including professional therapists. These fears are rooted in real experience with people in their lives who have been dismissive and even shaming toward them.

Asked about seeking therapy, the sister of a man on death row replied, "I didn't think about it at first, because we were made out to be monsters, too." She talked about lifelong friends who had broken off contact with her family and members of their congregation who had changed churches after the news of her brother's death sentence came out.

"Was there a fear or is there a fear that a therapist would judge you too?" our interviewer asked.

"Always."

Given that constant fear, she said that only a recommendation from a trusted source within the anti-death penalty community felt safe enough to pursue. On such a recommendation, she did attend a couple of sessions and found them helpful, but the clinician's office was too far away to make regular attendance practical. She expressed a wish for greater access to help that she could trust, perhaps for herself but especially for her niece, who had been a toddler when her father was arrested and who was bullied at school when others learned of her father's conviction and death sentence. "She could really have used some help," our interviewee acknowledged.

Another interviewee who had been in high school when her uncle was arrested and sentenced to death told us that when she was taunted by the other students, she "felt guilty by proxy for something that someone close to me had done" and felt that she had to apologize for it. Reflecting on her reluctance to seek help from the school counselors, she said

I really didn't reach out to any of them. As an adult, now I wish I had reached out to the school counselor and I know that that was available to me, but at the time I was in high school that just wasn't something I was comfortable with, that wasn't something that I had ever felt was really accessible to me.

A service can be technically available but still not feel accessible. Would this young person have benefitted from a school counselor's taking the initiative to reach out to her rather than waiting for her to do the reaching out? Might there be ways for a counselor to signal welcome and receptivity?

Reflecting further, this interviewee continued:

I've analyzed it a lot myself to figure out why I didn't seek professional help sooner and now with the hindsight of twenty years between the execution and now, I can see with clarity what an enormous impact it has had on my life. So it's hard to look back and understand how I did not seek help at that time. I think part of it is because there's such a stigma attached to being a family member of the executed. It's always difficult to lose someone that you love, whether expected or unexpected, but I think what compounded the difficulty for me is that people were cheering about what had happened. Literally people were standing outside the prison and cheering that [my uncle] had died. It's so difficult to endure someone celebrating when you have lost someone, and I think that's what made this markedly different from other loss.

When this interviewee did seek professional help many years later, it was not for anything to do with her experience of losing her uncle to execution, but the therapy ended up addressing that experience in ways that proved beneficial. As she tells it, she went to a therapist hoping to address her fear of flying.

I didn't go in thinking I would talk about [the execution] or even that it was something that I needed to talk about, but he was able to see that there was something there that I hadn't talked about that I needed to talk about and process and work through. So while [I was] seeing him for one thing, it ended up being a time for me to work through my emotions surrounding that loss. ... I think he could tell that I had something that was unprocessed that was a big hindrance to me in lots of different areas of my life. So while that was not causing my fear of flying and probably had very little to do with it, I think he asked the right questions so that I could understand that that was something that I needed to deal with and he was the right person to help me deal with that. It wasn't something I planned on talking to him about or even something that I thought I needed to talk about with a professional.

Was it comfortable sharing it with him?

No, not comfortable. He made it as comfortable as possible in terms of not being judgmental and being a good listener and asking the right questions and letting me lead and talk about what I needed to talk about, but it definitely was not a comfortable experience. It's never comfortable to talk about it.

Clinician Lack Of Familiarity With The Death Penalty

When we asked our standard question about whether she had ever sought help from a therapist, one of our interviewees, whose son had been executed over a decade ago, laughed as she replied, "The person that would try to treat me would probably need help themselves after talking to me. So no. No."

Death row family members recognize how unlikely it is that a clinician they encounter will be familiar with the death penalty or with the ways that death sentences and executions affect family members. This in itself can constitute a barrier to seeking services, as family members worry that their stories will be too overwhelming and that they will end up taking care of their therapist rather than the other way around.

Another interviewee expressed this concern by telling us that in some of her travels as a speaker against the death penalty, she has gotten to know men who have been exonerated and released from death row. "They will tell me, we went to a therapist and the therapist was crying because they don't know how to handle this kind of trauma that we're going through." Such reports clearly added to this interviewee's impression that stories of death penalty-related trauma may prove too much for a clinician to handle. She told us that she has found therapy helpful in the past but has not sought it out in connection with her brother's death sentence. A conversation with someone in a similar situation helped her recognize the ways in which she has been affected by what her brother is going through, however, and by her own role as caregiver and advocate:

I never went to see a therapist about it. But I do recall one day we had some kind of a conference and there was a young lady sitting next to me, probably about 20 years old, and she said that she had a brother on death row and that she went to a therapist and the therapist said that she had PTSD, and I thought, hmm, well, maybe I have PTSD. Because I understood PTSD as what happened to our Vietnam veterans, like my uncle who went to Vietnam

and came back and was traumatized. That's what I saw as PTSD. But then as I got to thinking about it, you know, I was like, okay, I think I might have PTSD, and as a result began to look around and realize that yeah, my whole family has PTSD.

Asked what she would want a prospective therapist to know about treating death row families, this interviewee responded:

I would just say that – get ready to go on the roller coaster of your life because this is something that you have never experienced. You've never heard about it and you may not know how to treat it and it's going to bring you to tears. It's going to bring you to your knees.

In a clinical encounter, therapists' tears are not automatically an indication that they are unable to handle the material or to be of use to the individual who has come seeking help; tears can be expressions of attunement and connection from therapists who remain well within their own window of tolerance as they encounter the client's painful material. Clients are alert to the difference, however, and our interviewees underscore the point that death row families are likely to be particularly sensitive to any perceived sign that their stories are too much for the therapist to bear, perhaps because they have already gotten the message in so many other ways that their grief, and their experience in general, falls outside the usual social realm.

Similarly, death row family members are likely to be alert to questions that feel more like expressions of incredulity than of sympathetic receptivity, or that seem to be asking the death row family member to take on the role of educator. The brother of two executed men described the experience he had when he agreed to go to a therapist at the suggestion of a co-worker. He recalled that the therapist

started asking questions and within five minutes he was just like, "What?! I'm so sorry." Seriously, he was just like, "What? Are you kidding? You witnessed it? Wow." And I was like, calm down, buddy. This guy's supposed to be someone to help me. Well, he never walked through this at all, any facet of it at all. ... It's just like, dude, you're not supposed to be in awe!

Clearly, our interviewee found this therapist's questions off-putting rather than welcoming. His response suggests that he took the questions as indications of the distance between himself and the therapist and didn't want to be viewed as a curiosity, an exotic case.

Difficulty Seeking Help For Oneself

Some interviewees' stated reasons for not seeking therapy were about not feeling a need to do so. "I just, for whatever reason, I just never have gone to therapy," the brother of an executed man said, for example. "I just didn't feel like I needed to. I felt like I could navigate my way through this and get through it and be okay. So I just never did."

Access is not synonymous with obligation, of course, and nothing in the present discussion is intended to suggest that every death row family member ought to seek out this particular kind of help. When we consider the question of help for death row families more broadly, however, and think not just in terms of clinical services but in terms of any kind of support regarding the impact of a family member's death sentence or execution, we note that interviewees' comments reveal ambivalence about seeking help for themselves at all, since they are not the family member in most obvious peril.

The interviewee we quoted above, who said that he had never felt the need to go to therapy, had described his brother's arrest, death sentence, and eventual execution as "like a hurricane hit our family." He described a range of emotional responses over the years, including occasional anger at his brother and wishing that the protracted fight, which took such a toll on the entire family and on his mother in particular, could finally be over. He recalled discussions with his siblings in which one or the other of them might acknowledge feeling some resentment about how much of the family's energy and attention was consumed by the fight to save the brother on death row. Recalling one such conversation, he said

[My sister] was like, they spend so much time and effort and money ... and meanwhile we're over here like, hello, remember me? And I was like, I know, I know. I get it.
[My sister said] it's like they're giving more attention to the one that did the bad thing instead of the rest of us.

His comments evoke Robertson and Brett's (2013) observation in *Lightening the Load* that children who seem to be coping well may be driven by a desire to seem fine in order not to burden their already overburdened family. Meanwhile, parents and other adults may be feeling just as guilty for devoting so much time and energy to the family member on death row as the children are feeling about resenting that same dedication of time and energy. One of our interviewees recalled how a friend's comment had jolted her into the realization that she had in some sense forgotten about the emotional needs of her son who

was not on death row. That son had been in high school when his brother was arrested, and

I was so involved in what was going on with [my son on death row] that I kind of, like, forgot about [my other son] until a friend of mine told me, “You have two sons. You still – he’s going through just as much trauma as you are.” But it’s just like I just threw myself into [my son on death row] because at the time he was the child that needed me, not knowing that [my other] child still needs me too.

Similarly, the sister of a man on death row, who has devoted much of her own energy to helping him, acknowledged with obvious sadness the cost to her relationship with her own son:

I am very, very sorry that I chose to give it a hundred and fifty percent because I should have saved something for my child, but I didn’t [crying]. I didn’t. I knew that my son was okay. ... I knew that he was going to make it, but really, he didn’t and a lot of us didn’t make it emotionally and mentally, psychologically. I mean it takes a toll. ... And I do feel bad that I left my own child. I do. I feel bad. I feel bad now because I see that it’s hurt him, that it’s hurt him for me not to be present in his life. But that’s what happens when you have someone on death row. Your mind and your soul and your heart go with him [crying].

These comments bring to mind the phenomenon of the “family ghost,” a term that family therapists use to describe the way in which a family member who is physically absent may dominate the family system psychologically, skewing emotional attention away from physically present members. In his article about a possible therapeutic approach for death row families, Walter Long (2011) suggested that the family ghost phenomenon is all the more intense when the physically absent member is under a death threat. The remaining family members may respond to the traumatizing “ghost” in different ways – some with avoidance and some with anxious preoccupation – with the consequence that the members feel isolated from one another rather than able to turn to one another for support or comfort.

That emotional isolation, combined with the identification of a specific family member as the caretaker or the strong one, can be another factor that makes it hard for a struggling family member to seek out or to receive sufficient help. A mother of a son on death row describes the phenomenon this way:

I’ve always tried to be this rock. I’ve always tried to be the strong person, not to let my feelings consume me. ...

I'm the person who took care of everything. So my family [would say], "Oh, she's strong. She can handle it," but not knowing I'm dying on the inside, that I need – and I would tell my siblings that I was having a hard time but it was just like, "She's bounced back from everything else, she's going to bounce back from this." ... And I would try to talk to some of my other friends, and they was like, "Well, we can't--we don't know what to say to you because you're the person who's always counseled us." So I had nobody. I had nobody to really talk to, because everybody kind of like – I don't know. They were like, "Well, you're strong, you can do it. You're strong, you can do it." That was their reply to everything, up to the point [that] I said, "I can't. I need some help. I need somebody to talk to. I can't take care of everything."

Finding Support, Making Meaning

In addition to asking our interviewees about their experience with clinical services, we were also interested in what they experienced as therapeutic in other parts of their lives, outside of any clinical office. Where have they found support or comfort and how have they managed to make meaning or feel a sense of purpose amidst, or following, their very difficult experiences?

Family

Interviewees sometimes cited their family members as sources of support and comfort, particularly when they experienced people outside the family as judgmental or dismissive. But interviewees also described the challenge of family members disagreeing with one another or just coping in different ways. Said one, for example, "I felt that even with a family around me, I felt that I was doing it kind of by myself 'cause everybody handles it different ways."

Another interviewee spoke in detail about her attempts to be available to her children if they needed to talk with her about their response their father's arrest and death sentence. Notably, her message to her children included recognition that they might want to be able to talk with someone outside the family as well, and she took the initiative to make that possible for them.

[I said to them] if you have to talk about it, talk about it.
If you want to talk to your sister, you all talk to each other.
If you want to talk to me, that's okay, you can do that. If

you don't want to talk to Mommy about it, write it down. And then I was like, is there anybody that y'all want to call and talk to if you feel that way, or if you feel that someone is looking at you different or think different towards you? But I went a step further. I went to the school and I talked to the principal, talked to their teachers, and I was just honest about it. I was like, my family has been hit with some devastation and I need to know that when they come to school, they're not going to be judged. They're not going to be made fun of, they're not going to be made to feel like outsiders. That was a help as well.

And do you feel like the principal and the teachers were receptive to your concerns about that?

I do. They not only were receptive, they showed me by their actions.

Other Support Groups

Even without support groups or organizations specifically for death row families, some family members are able to find meaningful support through other groups that address overlapping concerns. One interviewee told us about going to a grief support group following several losses in her family, including the loss of her brother to execution. She said that she was initially wary of attending, fearing that the group wouldn't be as understanding about that particular loss, but "it was actually a lot better than I thought it was going to be. They welcomed me with open arms and they showed a lot of compassion, and I just got a lot of support through there."

The anti-death penalty movement can also serve as a de facto support group for death row families who become involved in advocacy or educational efforts. As one interviewee put it, "it's been very cathartic and helpful to have all of these people at our fingertips, and we know if we need to talk to somebody, we can call them [and] we remain very, very close."

Faith

Some interviewees identified their religious faith as a source of comfort and support. One described her faith as "a safe haven," for example, and described the relief she felt in "taking my problems to the altar and talking to God about it." Similarly, another said

I've always been extremely spiritual in nature, and so I used my faith and I used it almost as a crutch where every single church that I ever saw, I walked right in there, I lit a candle, I prayed for my brother, I talked about him. If the priest walked by I was there in his face talking about the death penalty, asking for prayer, and so as a result it gave me a little bit of calm.

We do note that interviewees who described their personal faith as a safe haven or in other similar terms did not necessarily express an equally strong trust in their faith community. Recall the interviewee who talked about members of her congregation changing churches after learning about her brother's death sentence. Fear of this kind of response came up even for interviewees who hadn't experienced it outright:

We would go to church, sit there, listen, [and] even though I knew the people that were there didn't have any judgment toward us because they didn't know us, it was like a sinking feeling inside myself saying, if they found out what my husband did, they're going to look at this different. What if they don't want us here? You know, what if they tell us you're not welcome here.

As with the mental health community, faith communities wanting to convey that they are welcoming to death row families may have to take the initiative to state that publicly, rather than leaving it to the individual families to wonder and worry.¹⁸

Helping Others

Though, as we noted above, family members may become so focused on helping their loved one on death row that they neglect their own care, it is also evident that focusing on others can provide family members with a sense of meaning and purpose that extends beyond their own circumstances.

Some interviewees talked about finding ways to help others even while right in the middle of the fight to save their own family member. One mother,

18 See, for example, Newsletter of Human Rights Advocates, Volume 36, Winter 2000, pp. 8-10 (containing a declaration of "sanctuary" by the Friends Meeting of Austin, a Quaker congregation, for Texas death row inmates who were children when they committed their offenses): <http://www.humanrightsadvocates.org/wp-content/uploads/2010/05/Newsletter-36-Winter-2000.doc>

for example, described how she ended up helping others to visit their sons on death row:

[My son] would write me, say, “Moms, such and such a person hasn’t had a visit from his mom in three years. She does not have a way to get here. Here is her address.” So here I go ... knocking on doors: “Let me introduce myself. My name is blah blah blah. My son is [name]. He’s on the Row with your son, and I’m told that you need a ride to the Row.” So my car would be full each week.

In other cases, helping others became the interviewee’s focus after they had gone through the experience of losing a relative to execution. As one described it:

I didn’t want other people to have to go through this journey alone. ... I was always trying to figure out how I could help other people. That seemed to be more therapeutic for me than just about anything ... if I was finding out a way to help somebody else it gave me a sense of relief or accomplishment, I guess.

Speaking Out

“Helping others” can be as direct and hidden from public view as transporting other mothers to death row or as broad and visible as standing before a camera or podium. As we described in the first section of this report, some death row family members choose to engage in education and advocacy efforts by telling their own stories in public forums, and our interviewees who have done such work identified it as a source of meaning and purpose while also acknowledging how hard it can be. Said one:

I really, really do not like public speaking, but I thought it would be an opportunity to tell the story and to help people understand a side of the death penalty that I think they don’t often think about. ... So I decided to speak about that and that led to some other speaking opportunities and over the years I’ve had the opportunity to speak at rallies and universities and to different media, and that helped me a lot to be able to give purpose to the experience. The day after the execution, I asked God, “What do you want me to do now?” and I didn’t feel the answer in that moment. Now, I feel like he’s made it very clear what he wants me to do. So having that purpose has helped me

to understand the reason for the experience and how he wants me to use it as part of my purpose in life.

As the family members describe it, speaking out in a public arena gives them a sense of meaning and purpose but is also quite emotionally demanding, so that they sometimes have to weigh the benefits and costs differently at different points in their lives. Reflecting on the experience of doing public speaking events soon after her brother's execution, this interviewee said

It was very good for me. But then a lot of times, because it was still so fresh and new, I was coming home and I would be in such a depression I just – my husband says, “You gotta stop. You gotta get yourself healthy before you can start doing any of this anymore.” Because people were coming out of the woodwork wanting to do stories, and I want to help. I mean, if I could help one other person not go through this, just one person, I would love to.

Here the drive to help came up against the emotional toll of reliving the painful events repeatedly, and this interviewee had to figure out the balance that would be healthy for her. Another interviewee, also a sibling of an executed man, described what it was like to witness, in his mother, this same tension between the desire to use one's story to help others and the personal cost of retelling that story so many times:

People would invite her, come speak at this event or this event or this event, and she would. Anything, she'd show up and she'd help. ... And every time she would get up there and start – almost every time – she'd get up there and start talking about her story, she'd break down, just crying. And she'd piece it together and she'd keep going through the tears, you know, and it would crush me every single time, over and over and over to see that.

Even feeling this way, this interviewee had his own experience of wanting to use his story to educate others. He described his decision as a high school student to speak up in a current events class when the topic of the death penalty came up.

... people were talking about the death penalty for some reason. And it was in discussion and somebody said something about it, made some off-handed remark or something. I let them do their little discussion for a while and then I jumped in, and I said, “Yeah, I understand that, but it's a lot different when it hits home.” And I told them what – you know, I gave them a little bit of the details

and you could have heard a pin drop in that classroom. . . . Some of the people knew [about my brother]. Some of the kids knew, but not everybody. . . . They were like, “What?” So I think I opened some eyes that day.

Making Something Out Of It

Some of our interviewees were right in the middle of fighting to save a family member from execution, while for others it had been decades since the execution had taken place. Understandably, then, our interviewees spoke from a range of perspectives when considering how they had been changed by the experience or how they have been able to make meaning out of the most painful event in their family’s history. Even the family members with the farthest chronological distance from the execution, however, spoke about growth and healing in ways that also took care not to minimize the impact of the original trauma. Here is one vivid example:

It’s such a tragedy in so many ways and has inflicted such profound trauma on so many people. So I think I could never call it a positive experience, but I feel like I’ve been able to turn my experience into something positive. So I don’t always feel the negative emotions when I think about it [now].

When you do feel those negative emotions, how do you cope with them and how do you manage them?

I think any negative emotions that I feel, I try to temper or negate with thinking about what it has turned into in my life and thinking about how it has ultimately grown me into the person that I am today. And though I wouldn’t have wanted to go through this experience to get here, I do feel like I am a more sensitive and thoughtful person than I would have been without this experience. I think it has refined and sanctified me in a way that I couldn’t have experienced easily without having had an experience like this.

Yet this was not this interviewee’s final comment on the matter of healing. She continued:

I also feel that there are some aspects of the wound that cannot be healed. You know, this is a loss that I will never

get over because it should not have happened. This experience should not have happened. I think it will never be okay. I'll never be able to justify what happened, the crime or the execution or—there are parts of it I think it's just not possible to heal from because it's so unnatural. Every part of it was so unnatural. ... I don't think I'll ever be able to heal from the bitterness I feel toward a society that celebrated this.

In adding these thoughts about what she believes will never heal, this interviewee spoke directly to the twofold nature of what we are exploring in this report. Death row family members want the traumatic aspects of their experience to be recognized as such, so that they can be counted among the larger group of trauma survivors and can avail themselves of whatever resources – including professional mental health treatment – are available. Death row families also want the distinct characteristics of their experience to be taken into account, and that includes the impact of seeing others actively seek and celebrate their loss.

RECOMMENDATIONS FOR THE MENTAL HEALTH COMMUNITY

We can summarize the chief barriers to treatment that our interviewees identified by reiterating the observation with which we began this report: four decades into the modern death penalty era, the mental health field remains largely unaware of death row families as a population potentially in need of mental health services. The fields of trauma studies and trauma treatment have made tremendous advances in those four decades but have yet to formally recognize “families of persons sentenced to death or executed” as a population at risk for experiencing trauma, let alone to provide opportunities for further study about these families’ distinct experience and suffering.

Clinicians cannot respond optimally to a population whose existence they have not even considered, and death row family members are understandably wary of seeking help from mental health professionals who are wholly unfamiliar with their situation and whom they have good reason (based on their experiences with others outside their families) to fear might be judgmental or dismissive or at least too overwhelmed by the families’ stories to be of help.

Our recommendations for the mental health community, therefore, focus on: (1) helping the field or any individual clinician move from “I’ve never even thought about the families” to greater awareness, understanding, and direct experience; and (2) communicating to death row families that their traumatic experience is recognized, that help is available, and that they will be welcome in a therapist’s office.

Though we are focusing these recommendations on mental health professionals, they apply equally, in spirit if not in exact detail, to educators, members of the clergy, and others in caregiving capacity who may encounter death row families and be in an equally important position to communicate availability and welcome, if they desire to do so.

We view these recommendations as the start of a conversation, and, we hope, a collaborative effort with others in the mental health community, death row family members, and those working to support them. We welcome response and further discussion about how to take the initial steps suggested here, and we are available for consultation with groups or individuals who are interested in furthering the goals that we have identified.

Recognize death row families as an affected group. We recommend that “families of persons sentenced to death or executed” be included in compilations of “traumatic experiences” or “populations at risk” that appear in textbooks, curricula, websites, and other respected sources. This routine inclusion in educa-

tional and informational materials will bring death row families to the attention of those in the field of mental health, from students to experienced clinicians and researchers. Such basic awareness is a prerequisite to further study or training and in itself would constitute a significant improvement over the current situation, both because it would reduce the surprise that a clinician might feel at encountering a death row family member and because it would publicly signal to death row families that their traumatic experiences count and merit attention.

To visualize how such routine inclusion might look, consider the website of one highly respected organization, the National Child Traumatic Stress Network (NCTSN). This organization's website provides resources and information about a range of traumatic experiences, including "community violence," "refugee trauma," "intimate partner violence," among several others (see <https://www.nctsn.org/what-is-child-trauma/trauma-types>). What might be the effect of including "execution of a family member" or "trauma related to the death penalty" among these resources? What would it take to achieve that inclusion?

Offer opportunities for clinicians to receive training about the experience of death row families. As with any other issue, experience, or population, clinicians who recognize that they need to deepen their understanding of how to respond effectively to death row families should have opportunities for further education and training in this area. Of course, clinicians who decide to make themselves available to death row families will then learn a great deal from meeting and working with them as individuals. Again as with any specific issue or problem, the way to gain experience is to gain it. But just as survivors of domestic violence or LGBTQIA+ youth (to name two examples of populations about which clinicians might consider it important to seek further training) want a prospective therapist to have done some initial work to avoid making incorrect assumptions or asking the kinds of questions that leave clients feeling unsafe or unwelcome right at the start, so do death row families want and deserve that same assurance that their therapist is not coming in without any background in the issue whatsoever.


It will be important for clinicians to become familiar enough with death row family members to see how their experience resembles trauma they may have observed when working with other clients (experiences of losing a family member to murder, for example, or of separation from family member by incarceration). Equally important, clinicians will need to become familiar with the characteristics that distinguish a family member's experience of a death sentence or execution from trauma experienced by others. Clinicians will need to be ready for the range of feelings that a death row family member may have toward their loved one, to understand the ways in which different family mem-

bers (parents, siblings, children) may be affected, and to become familiar enough with the basics of the death penalty process that they are able to anticipate what family members might be dealing with at each stage. Sandra Joy's *Grief, Loss, and Treatment of Death Row Families* (Joy, 2013) provides a detailed summary of what death row families face at each stage of the process and suggests clinical interventions at each of these stages; the book can serve as a useful resource and the suggestions in it might be adapted (with attribution, of course) for shorter, more widely available resources.

At this writing, the Texas After Violence Project is planning to develop an introductory webinar and other materials that will be appropriate for training clinicians interested in working with death row families. As therapists complete the training and indicate that they would welcome death row family members into their care, TAVP will maintain a referral list for death row families to use.

Communicate willingness to work with death row families. It is clear from our interviewees' comments that death row families are likely to feel more comfortable seeking treatment from a therapist who is recommended by a trusted source or who has given some clear indication of familiarity with the death penalty and willingness to work with death row family members in a non-judgmental way. We recommend that groups or organizations that death row family members already trust consider compiling lists of "death penalty-informed" clinicians – lists that may be very short at first but that can grow as awareness within the field grows (see TAVP's plans for taking this step, mentioned above). We also recommend that mental health agencies and individual clinicians consider listing "family members of persons sentenced to death or executed" among the populations they treat or "trauma related to a family member's death sentence or execution" among the problems that they are equipped to help with.

In making this recommendation, we are aware that the death penalty as an issue is controversial in a way that some other sources of trauma may not be. In *Grief, Loss, and Treatment*, Sandra Joy asserts that clinicians will need to disclose their own position on capital punishment in order to serve death row family members effectively, or in order for death row family members to make an informed decision about whether to seek services from that particular clinician or agency. Joy is highlighting the fact that death row families are survivors of a trauma that is inherently controversial and that will strike some as a political topic, or a subject for debate, before it strikes them as an area for clinical intervention. Though Joy doesn't offer this analogy, her recommendation can be compared to the choice clinicians make when they indicate, through some kind of easily recognizable symbol visible in their offices or public materials, that they will be welcoming to clients who identify themselves as part of the LGBTQIA+ community. Though clinicians who post such symbols are not

necessarily declaring themselves personally to be members of the LGBTQIA+ community, and therefore revealing one's own views on the death penalty may in that sense feel more personally disclosing than simply posting a signal of inclusion, the analogy lies in the need to communicate to a stigmatized group that they will not be stigmatized in this clinical setting. Because death row families cannot take this for granted, it will be important for clinicians to consider how they want to communicate that their offices or agencies are safe zones for death row families seeking services. 

Some resources for death row families:

We hope that this report will encourage professionals in the mental health field to learn more about what death row families experience and to seek out more background knowledge and training so that they can be helpful and welcoming to death row families who seek their services. Meanwhile, we offer death row families some resources that might be useful for understanding more about trauma and grief, reflecting on their own experience, and connecting with others. We also offer a few suggestions about what to look for in a mental health professional, if you decide that you want to seek out that kind of help.

Resources for understanding more about trauma and grief:

University and Community Clinics: Mental health services often are available for little or no cost at universities that have counseling or social work programs and at community clinics. Contact TAVP for a list of university and community clinics in Texas cities.

Mental Health Online is an Australian website that offers self-guided learning tracks in a range of mental health areas, including Post-Traumatic Stress Disorder (PTSD). There are mental health self-assessment tests and learning tracks that enable you to learn more about trauma, depression, anxiety, and more. This is definitely not a substitute for face-to-face therapy with a mental health professional who can get to know you and your particular experience and feelings, but it is a useful source of information and guidance on trauma and self-treatment. www.mentalhealthonline.org.au

The National Child Traumatic Stress Network (NCTSN) has a wealth of information about trauma in children and families, including information about types of trauma and types of treatment. <https://www.nctsn.org/>

The Self-Compassion website, developed by Dr. Kristin Neff of the University of Texas-Austin, has helpful material about caring for oneself and treating oneself with compassion, including a test you can take to see how you're doing in those areas. <https://www.self-compassion.org/>

What's Your Grief is a website with helpful short articles on various types of grief. The material on anticipatory grief (when you know a loss

is coming even though it hasn't happened yet) and ambiguous loss (when the person has not died but is gone or unavailable) may be particularly useful to death row families. www.whatsyourgrief.com

An online forum for families with a member on death row or executed has been created at www.grieving.com. The forum's goal is to help family members anywhere in the world connect for mutual support. This Death Row Families Circle is moderated by a family member and will have a nominal monthly fee that can be waived for anyone short on resources. For more information, contact TAVP.

What to look for in a mental health professional:

If you are thinking about seeking help from a mental health professional for yourself or your children, here are some things that it might be helpful to keep in mind:

- You can always ask questions, express concerns, and generally let the therapist know what you want or need. You can ask questions before you commit to working with someone, and you can ask questions along the way, once you've started working together.
- It's a good idea to look for someone who has worked with trauma – preferably complex trauma rather than only PTSD. You might look for clinicians who indicate that they have worked with individuals or families who have lost relatives to violence, who have been involved with the criminal justice system, or with family separation, or with other experiences of grief and loss.
- When you meet a new therapist and are thinking about whether to work together, it's always important to notice how you feel when you are with that person. Do you feel that the therapist is interested and sympathetic and ready to hear what things have been like for you? Of course, it takes time to feel fully comfortable and trusting, but even in a first meeting you can ask yourself, "Can I imagine opening up to this person?"

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This report was made possible through funding from the Jude Filler Foundation and the Shield-Ayres Foundation.

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The **Texas After Violence Project** is a community-based documentary project cultivating deeper understandings of the impacts of interpersonal and state-sanctioned violence on individuals, families, and communities. Our mission is to conduct participatory research and build an archive of stories and other materials that serve as resources for community dialogue and culture change. Our vision is to prevent future violence, promote restorative nonviolent responses when violence occurs, and cultivate community well-being and transformative justice.

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