The Prison Experience from the Prisoners' Perspectives:
Trauma Healing within the Correctional Setting

by

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Abstract

Childhood psychological trauma (CPT) has been identified as underlying generally accepted criminal risk factors and its role in the generation of criminal behaviours is profound. While psychological and behavioural impacts of unresolved CPT may continue throughout the lifetime, healing CPT is recognized as essential to rehabilitation and is possible throughout the lifetime. This dissertation examines the experiences of former prisoners of Canadian federal correctional institutions to gain an in-depth understanding of healing from CPT while in prison and during community re-entry, from their perspectives. A series of three in-depth interviews was held with 17 former prisoners who self-identified as having experienced CPT. Their experiences of CPT impacts prior to prison and their experiences of healing during incarceration and community re-entry were explored.

Five primary results of this study emerged. (1) CPT impacts included chronic hyperarousal, automatic fight or flight responses, stress addiction and trauma-bonds. Prior to prison, men's physical and psychological survival depended on their creation of autonomy and safety through threat-resistance, limited emotionality, revenge and violence, and a veneer of mask-ulinity. (2) In prison, inter-prisoner physical brutality extended pre-prison trauma; survival required hyper-mask-ulinity, which included maintaining a reputation of domination-violence, independence-power, limited emotionality and strategic relationship formation. (3) Correctional staff-prisoner interactions, based on a correctional culture of hyper-mask-ulinity, included domination, violence, emotional detachment and correctional officer solidarity that required physical and psychological brutality of prisoners. Prisoner survival depended on employment of resistance strategies, strategic relationship formation, and further emotional constriction. A correctional staff-prisoner *Hyper-mask-ulinity Stand-off* compounded CPT. (4) Peer-relationships and prisoner-created initiatives provided psychological and physical support consistent with factors of trauma healing, however these were experienced as 'removal activities' and constituted survival, and trauma-mitigating mechanisms. (5) Trauma-informed, gender responsive healing factors were experienced through relationships with community members, community-run initiatives, and experiences at Kwikwexwelhp Healing Lodge. Providing turning points in the life trajectory, these experiences facilitated initial stages of recovery from CPT, initiated growth, and

enhanced rehabilitation. Consequential to the pervasive threatening environment few participants moved past Stage I of trauma recovery. Implementation of trauma-informed correctional care is recommended in Canadian federal prisons to facilitate CPT healing and enhance rehabilitation.

I dedicate this work…

To the men who shared their stories with courage, honesty, and integrity. Thank you for trusting me with your experiences and your pain, and for believing that through us, future generations will be impacted.

To my children, Steve & Julie. You are the inspiration for my work. By blessing me with you, God taught me what it means to love with all my heart, and to keep going.

To all traumatized children - those who are in their youth and those who have turned grey - for whom I strive, through this dissertation, to inspire healing, peace, love, and a shared humanity.

To the glory of God.

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This road is not for the faint of heart.
(Dr. Liz Elliott)

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List of Acronyms

CM-P	Community member-Prisoner
CPT	Childhood psychological trauma
CRF	Community residential facility
CS-P	Correctional staff-Prisoner
CSC	Correctional Service of Canada
DTD	Developmental Trauma Disorder
I-P	Inter-prisoner
IPA	Interpretive phenomenological analysis
LCT	Life course theory
RJ	Restorative justice
SFU	Simon Fraser University
TI-GR	Trauma-informed, gender-responsive

Chapter 1.

Introduction

1.1. Overview

The role of childhood psychological trauma (CPT) in generating a criminal behavioural trajectory is profound. Without resolution, psychological, emotional, behavioural, cognitive and social functioning impacts resulting from CPT can persist throughout childhood, adolescence and adulthood, manifesting in maladaptive coping strategies that underlie criminal behaviours (Bloom, 1997; de Zulueta, 2006; Herrenkohl, Hong, Klika, Herrenkohl & Russo, 2013).

Research indicates that unresolved childhood trauma causes immediate and long-term changes in brain structure and physiology, negatively impacts all aspects of future development, hijacks the 'rational brain' and leads to behavioural conduct disorders, aggression and violence. Exposure to trauma and violence has been demonstrated to have "a causal, environmentally mediated, adverse effect on risk for outcomes such as aggression, anti-social behaviour, substance abuse, and a wide range of adult psychopathology" (Koenen, 2005, p. 509). Constituting a transitional event and often a turning point (Sampson & Laub, 1992), CPT changes the trajectory of the life course, and lies at the root of most addictions (Mate, 2008, 2011), as well as many antisocial (Perry, 2001; van der Kolk, 2005, 2007) and criminal behaviours (de Zulueta, 2006; Gilligan, 2003).

The current, well-established body of trauma literature, recognizing how and why neurodevelopmental and neuropsychological deficits underlie and precede major risk factors for violence and criminal behaviours (Farrington, 2003; Moffitt, 1993), is significant. Equally important are the contributions of psychiatry, psychology and neuroscience which reveal that the healing of unresolved trauma is transitional and is a possible turning point in the criminal trajectory (Mate, 2011; van der Kolk, 2007). Thus, healing CPT is an effective and necessary intervention strategy to address criminal behaviours, with research confirming the possibility of healing throughout the lifetime (Meaney, 2014; Perry, 2013a; Reisel, 2013). Trauma-informed and restorative justice

approaches have been demonstrated to be effective intervention strategies, specifically because safety, autonomy and relatedness, essential for healing unresolved trauma (Fallot & Bebout, 2012; Herman, 1992; van der Kolk, 2005), are foundational in these approaches.

Criminal risk factors such as substance abuse, impulsivity, violence within the home and peer associations are widely accepted in criminological literature (Farrington, 2003; Hickey, 2006) and in the criminal justice system (Public Safety Canada, 2013). The interplay of these factors with neurological and psychological impairment and deficits has also become widely recognized (Carlsson, 2012; Farrington, 2003, Nguyen & Loughran, 2018), contributing to our understandings of the criminal trajectory. However, CPT as a critical and persistent cause underlying these factors is only beginning to penetrate the field of criminology (Elliott, 2011; Schmalleger & Volk, 2018) and correctional practices (Tam & Derkzen, 2014). As a result, Canadian correctional practices continue to rely on cognitive interventions that have limited effectiveness in healing CPT and reducing recidivism, while neuroscientists point to the irony of placing these adults in environments that often inhibit possibilities for healing and growth (Bloom & Reichert, 1998; Reisel, 2013).

Much effort has been directed towards intervention strategies at critical stages of childhood, and Canada's National Crime Prevention Centre's (2011) declaration, it is "better to build a child than fix an adult," is an important one. However, with approximately 15,000 prisoners in Canada's federal prisons (Correctional Investigator of Canada, 2013 [CIC]; Statistics Canada, 2017), there may be a large population of offenders who represent 'missed children,' still suffering with unresolved CPT, currently serving time in Canadian federal prisons. Given that most prisoners will be released into the community (Griffiths & Murdoch, 2014; CIC, 2013), for the safety of communities on their release, this population must receive effective, trauma-informed interventions during incarceration and reintegration.

Over 75% of Canada's female federal prisoners have experienced childhood sexual trauma and over 80% have experienced physical abuse (Barker, 2009; Tam & Derkzen, 2014). This relationship between trauma and crime in female prisoners has received considerable attention. Tam & Derkzen (2014) explain that assessment and treatment of trauma has become a priority and that a focus on trauma-informed practices

has been implemented for Canada's female prisoners. This is not the case for Canada's male prison population. Men make up 93% of admissions to federal sentenced custody (Statistics Canada, 2017), and although the specific number of Canada's male federal prisoners with histories of abuse remains unknown, criminological literature indicates an overwhelming prevalence of severe childhood abuse among these offenders (Clarke, 2017; Johnson et al., 2006; Morris, 2000). Trauma literature reveals significant correlations and developmental causations between CPT and mental health issues (Solanto, 2007; van der Kolk, 2007b) and criminological and correctional literature recognize mental health diagnoses and substance abuse as criminal risk factors (Barker, 2009; Elliott, 2011; Farrington, 2003; Public Safety Canada, 2013). In addition, the Conservative's Stephen Harper's "tough on crime" political climate, which dominated from 2006 to 2015, resulted in longer prison sentences, increased incarceration rates, reduced programming, dangerous and unpredictable living conditions, increased violence, use of force incidents and segregation, and deterioration of mental health (CIC, 2013, 2014). Canadian prisons are referred to as the "asylums of the 21st century" (Gurney, 2013) and the "junk-yard of human souls" (Black, 2014), and an increasing proportion of prisoners experience mental health issues and inappropriate methods of intervention resulting in mental health deterioration and death (CIC, 2013/2014).

Mental health and rehabilitation have been recognized as primary areas of concern for Correctional Service of Canada (CSC) (OCI, 2013/2017), with CSC investing over $90 million since 2005 to strengthen primary institutional mental health care assessment and service delivery (OCI, 2013). The culmination of increased recognition of the importance of mental health issues by CSC, the expanding body of literature related to CPT and its manifestations over the lifetime, and the growing understanding of the criminal trajectory within criminology confirm the necessity and timeliness of this research. These factors also provide an opportune time to conduct research to understand positive practices and factors being experienced by male, federal prisoners who have faced CPT. In doing so, effective strategies may be recognized, laying a foundation for expanding on positive, healing aspects of incarceration and reintegration.

Despite the significant number of prisoners potentially experiencing unresolved CPT, the necessity of healing in changing the criminal trajectory, and the current lack of implementation of strategies clearly aimed at healing unresolved CPT within Canada's male, federal prison population, many male prisoners have begun the reintegration

process, cascading from medium to minimum security levels and being released into the community. With trauma literature indicating the *necessity* of CPT intervention to interrupt the criminal trajectory and facilitate rehabilitation, these prisoners *must* have experienced the major components of effective CPT intervention in varying ways and degrees. This indicates that much CPT healing experienced by male prisoners is a consequence of unintentional or informal practices within the institution. As it is the individual's experience of the major components of healing that determine well-being (Johnson, 1990) and future behaviour (W.I. Thomas, 1928, in Palys & Atchison, 2014), it is critical that we talk to prisoners about their experiences regarding these concepts.

This dissertation builds on current trauma and criminological literature, merging it with contemporary correctional practices, to explore how these trauma healing factors were experienced by male, federal prisoners within Canadian prisons, who experienced CPT.

1.2. The Current Study

This study adds knowledge to the body of research on the effects of CPT and its role in the generation of criminal behaviours, specifically the criminal trajectory, and to understanding effective correctional practices within Canadian federal prisons for men. It also makes a unique contribution to criminology and trauma literature by adding the normally absent voices of prisoners to the dialogue of CPT, crime and rehabilitation. To gain an understanding of the lived experience and impacts of CPT as a transitional aspect of the criminal trajectory, and to understand their experience of healing CPT in the correctional environment, I seek to answer the following primary research questions:

1. What are the experiences of CPT in adult, male, federal prisoners and former prisoners, and what are the impacts of those experiences?
2. What are the experiences of healing from CPT, and how is healing experienced during incarceration and community re-entry?

1.3. Chapter Summaries

In Chapter 1, I provide an overview of my research and outline the gap in criminological literature and correctional practice that will be addressed. This chapter also contains the two research questions that guide my study.

In Chapter 2, I situate the study of impacts of childhood psychological trauma within the field of criminology. This chapter is divided into three sections. In Section I, I highlight important contributions of developmental and life course criminology and I define psychological trauma and CPT. In Section II, I examine the effect of psychological trauma on the brain and the body and discuss the recovery process. This section includes a discussion of physiological, cognitive, emotional and behavioural impacts of unresolved trauma, emphasizing the compounded impacts on children, and I examine the progression from victim to perpetrator. Section III includes factors of healing psychological trauma as well as the key components of trauma-informed approaches and restorative justice approaches to healing trauma.

The methodological approach used in my study is described in Chapter 3. I explain the rationale for using a qualitative, interpretive phenomenological approach and provide participant recruitment, generation of data and data analysis strategies, as well as the ethical considerations employed throughout my study.

Chapters 4 through 8 present the results of my research. Each of these chapters is structured to include a presentation of qualitative themes emerging from the data followed by a discussion which integrates current and relevant literature. In Chapter 4, I present participants' experiences of CPT as shared by the men, and reveal the psychological and behavioural impacts of their CPT. The following discussion completes the foundational aspect of this study, offering a comprehensive understanding of who the participants were when they entered Canada's federal prisons. In this chapter, behavioural impacts of CPT reveal the '4R's' of methodical impulsivity, and the concept of *Mask-ulinity* is presented.

Chapter 5 begins with an introduction of the participants as prisoners, describing offence and incarceration details. In this chapter, I analyze the participants' experiences of prison, revealing the inherent violence, the absence of safety, and the need to "arm up." I offer the concept of *Hyper-mask-ulinity*, through which I examine inter-prisoner

relationships, revealing the importance of reputation, strategic relationships and emotional suppression. A discussion of healing factors in this chapter includes the absence of psychological and physical safety experienced by the prisoners, and the impact of violence and relationship strategies on potential healing. In this chapter I discuss intensification of participants' pre-prison impacts of CPT as an extension of the life course trajectory.

In Chapter 6, participants' perspectives of correctional staff-prisoner interactions and the correctional culture are analyzed. In this chapter, lack of healing factors in prison and prison experiences as an agent of cumulative trauma, are discussed. I identify participants' experiences of degradation and humiliation, as well as extensive demonstrations of force by correctional staff. This chapter exposes experiences of physical and psychological brutality, culminating in a "*Hyper-mask-ulinity Stand-off*" between correctional staff and prisoners. I extend contemporary pains of imprisonment as they compound CPT and obstruct potential healing. In this chapter, I also extend the life course theory concept of causal loop and reveal prison to have been experienced as a magnification of the impacts of CPT and an extension of the pre-prison causal loop.

Chapter 7 contains participants' positive or healing experiences during prison and reintegration. Factors of inter-prisoner relationships and prisoner-run initiatives together with community member-prisoner relationships and community-run initiatives are discussed in terms of healing potential, specifically in relation to trauma-informed approaches. Although they provided positive socialization and a sense of humanity, inter-prisoner relationships and initiatives represented "removal activities" rather than healing factors. Participants experienced safety with community members, establishing positive relationships and experiencing autonomy consistent with Stage I of trauma recovery. These experiences are discussed in terms of turning points in the life course trajectory.

In Chapter 8, participants' perspectives of their level of healing is revealed. In this chapter, participants' perceptions of their own needs regarding facilitation of psychological healing and growth in prison and during reintegration is presented, and the importance of relationships as safety is discussed. These experiences are discussed in terms of stages of trauma recovery and the urgency of implementing trauma-informed correctional care.

In Chapter 9, I conclude my dissertation with a summary of findings, and a discussion of the contributions to understandings about the experiences of CPT in male, adult prisoners in Canada, and to understandings of healing as an intervention strategy for this population. Study limitations and avenues for future research are presented, and I discuss implications of my findings for applied correctional practice.

Chapter 2.

Theoretical framework

This study draws on life course theory and trauma theory. In this chapter, I provide a review of relevant literature, divided into three sections. In the first section, "Criminology & Trauma Theory," I provide an overview of the theoretical underpinnings of the study, which include life course theory, and the "unified" psychological trauma theory. In the second section, I provide an overview of the literature regarding the psychological and behavioural impacts of psychological trauma, which include physiological, cognitive, emotional and behavioural manifestations of unresolved trauma, particularly in children. I also present the trajectory from childhood victim to perpetrator. Finally, I review factors necessary to facilitate healing and highlight literature that reveals healing of psychological trauma as possible throughout the lifetime, and as an effective intervention strategy to address underlying causes of criminal behaviour.

2.1. Criminology & Trauma Theory

2.1.1. Life course theory

Historically a unidisciplinary field (Jones, 2008; Massey, 2002; Sherman, 2003), criminology has evolved to address contemporary understandings of the complex nature of crime and criminal behaviours, and to recognize unidisciplinary criminological theory as "partial and inadequate" (Fattah, 1972, in Griffiths & Palys, 2014, p. 19). Criminology has now developed a well-established body of interdisciplinary approaches (Bernard & Snipes, 1996; Heidt, 2011) and developmental and life course criminology is a theoretical example of this.

Developmental and life course criminology encompasses numerous theories commonly referred to as 'life course theory' (LCT) (Farrington, 2003), and incorporates understandings from criminology, sociology, psychology, biology, history and gerontology (Heidt, 2011; Sampson & Laub 1992). Recognizing the dynamic nature of the criminal experience (Laub & Sampson, 1993; Williams & McShane, 2014), LCT examines criminal behaviours over the life course (Farrington, 2003), the "within-

individual variability" of behaviours over the life course (Sampson & Laub, 2003, p. 556), the impact of life events on development (Moffitt, 1993; Farrington, 2005) and the continuity, interaction and reciprocal nature of various life events and behaviours (Thornberry & Krohn, 2005). From this perspective, propensity for crime at a young age is not determinative because childhood characteristics are not stable traits. Rather, change and continuity of characteristics depend on structural and interactional processes which impact stability over the life time (Sampson & Laub, 1992; Thornberry & Krohn, 2005) and are critical to understanding the dynamic and complex nature of human behaviour and criminality over time. These processes are explained through the LCT concepts of trajectories, transitions and turning points. Trajectories refer to long-term pathways or patterns and sequences of behaviour, transitions refer to specific life events which are embedded in trajectories, and turning points refer to a radical "turnaround" (Elder, Gimbel & Ivie, 1991, p. 227), or a change in the life course that is generated by the interplay of trajectories and transitions (Laub & Sampson, 1992; Sampson & Laub, 2003; Williams & McShane, 2014). *Adaptation* to transitional life events is significant because it is the adaptation to life events, rather than the events themselves, that determine whether transitions become turning points and redirect the life course trajectory (Sampson & Laub, 1992).

While LCT recognizes widely accepted individual criminal risk factors (e.g., low school achievement and impulsivity) (Farrington, 2003), the interaction of these factors and actual antisocial behaviours themselves, as well as their cumulative and cascading consequences, referred to as "causal loops" (Thornberry & Krohn, 2005, p. 198), are transitional in the criminal trajectory (Moffitt, 1993; Thornberry, 1987, Thornberry & Krohn, 2005). LCT therefore examines the interplay between childhood characteristics and ongoing developmental and environmental factors. Moffitt's (1993) developmental theory of dual taxonomy, which includes adolescent-limited (AL) and life course persistent (LCP) offenders is particularly relevant.

Differentiating between AL and LCP offenders, Moffitt (1993) explained that the former engage in deviant behaviours throughout adolescence and mature out in late adolescence/early adulthood, with transitional events explaining their desistance.[1] The

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[1] Jennings, Rocque, Hahn Fox, Piquero, & Farrington (2016) explain that Moffitt's (1993) initial theory of dual taxonomy has expanded to include two groups, comprised of a "small number of individuals" (p. 539) who appear on the LCP track in childhood but who desist over time. These

latter group is comprised of a small group of offenders whose antisocial behaviours begin in early childhood and persist over the life course. Responsible for the "lion's share" of serious and violent offences, causal factors for this group originate in early childhood, with "continuity [being] the hallmark" (Moffitt, 1993, p. 679). Childhood "neuropsychological impairment and neurological developmental disruptions" are key and "heterotypic continuity" (Moffitt, 1993, p. 679) underlies conceptually similar, although apparently changing, behavioural manifestations which continue across (Farrington, 2003; Moffitt 1993) as well as throughout the life course (Moffitt, 1993). Moffitt (1993) linked neuropsychological impairment with antisocial outcomes, asserting that the life course trajectory originates with subclinical levels of neurological and neuropsychological difficulties in infancy and childhood, possibly resulting from child abuse and neglect. Inverse correlations between onset and continuity of deviance together with identification of negative temperamental qualities and neuropsychological deficits as childhood characteristics that reinforce deviant behaviours (Thornberry & Krohn, 2005) emphasize the need to further explore this area.

Specifically, while criminal risk factors such as substance abuse, impulsivity, hyperactivity, risk-taking, and childhood aggression are widely accepted in the criminal justice system (Public Safety Canada, 2013) and in criminological literature (Farrington, 2003; Hickey, 2006; Jones, 2008), the interplay of these factors with neurological and psychological impairment and deficits is becoming more widely recognized through LCT. However, CPT as a critical and persistent cause underlying these neurological and psychological impairments, and accordingly these widely accepted risk factors (Bloom, 1997; Gilligan, 2003; Mate, 2008; Morris, 2000), is much less understood within the field of criminology. Therefore, although the field of criminology recognizes a criminal trajectory, it continues to support top down and cognitive correctional practices and interventions (Elliott, 2011) that, at best, have limited effectiveness (Griffiths & Murdoch, 2014) and at worst, do not work (Kaysen, Resick & Wise, 2003).

This dissertation extends LCT, exploring how neurological developmental and neuropsychological deficits manifest behaviourally through the experience of CPT, and how they act as transitional events and potential turning points directing the life course

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include "recoveries" who desist from offending patterns but persist into adulthood with psychological and life problems, and "abstainers" whose social or interpersonal restraints prevent "social mimicry" and thus engagement from delinquent behaviours.

trajectory toward antisocial and criminal behaviours. My dissertation further examines the role of prison in the extension of psychological and behavioural impacts of CPT.

2.1.2. Psychological Trauma

The term trauma only began to encompass mental injury in the 19th century (Young, 1995), prior to which the study of psychological trauma oscillated between "periods of fascination...followed by periods of stubborn disbelief about the relevance of patients' stories" (van der Kolk, Weisaeth & van der Hart, 2007, p. 47). This oscillation resulted from psychological trauma research being dependent on political climates, the influence of societal silencing processes, disbelief and denial of traumatic experiences, and fear of implications of the impact of psychological trauma (Herman, 1992; van der Kolk et al., 2007). As a result, psychological trauma has historically been known by various names[2] and attributed to a variety of underlying causes. Much progress has since been made in understanding psychological trauma and in developing a unified field theory (Bloom, 1999) about its symptoms and impacts, particularly pertaining to children (Misiak et al., 2017).

In 1980, the American Psychiatric Association (APA) first accepted Post-traumatic Stress Disorder (PTSD) as part of its official nosology, including it in its *Diagnostic and Statistical Manual of Mental Disorders* (DSM), legitimizing and recognizing it as a medical disorder (Ringel 2012; van der Kolk et al., 2007). Today, Section 309.81 (F43.10) of the DSM-5, recognizes traumatic events as "exposure to actual or threatened death, serious injury, or sexual violence" which occurs through direct experience, witnessing the event, learning about a violent or accidental death of family or friend, or experiencing repeated or extreme exposure to aversive details of traumatic events (American Psychiatric Association, 2013, p. 271).

Psychological trauma now appears in psychiatric nomenclature as traumatic events or experiences (Herman, 1992; Siegel, 2012; Terr, 1991), traumatic stressors (Heide & Solomon, 2006; Sapolsky, 1994; Shalev, 2007; van der Kolk & McFarlane, 2007) and traumatic reactions (Herman, 1992). Psychological trauma is an "overwhelming experience that is beyond the capacity for an individual to adapt

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[2] For a complete history of the evolution of the naming of psychological trauma and Post-traumatic Stress Disorder (PTSD) see Young, 1995.

effectively" (Siegel, 2012, p. AI-82), that occurs when "a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside" (Terr, 1990, p. 8) and "when both internal and external resources [of the individual] are inadequate to cope with [the] external threat" (van der Kolk, 1987, p. 393).

Inclusion in the DSM legitimized psychological trauma, catapulted research in this area and provided diagnostic criteria for PTSD. However, controversy regarding a broad versus narrow definition of trauma, what constitutes a traumatic event, the threshold for PTSD diagnostic criteria, and development of assessment technology continues (Friedman, 2013; Weathers & Keane, 2007). Especially controversial is the non-inclusion of Complex PTSD and the primary focus on adult symptomology (Friedman, 2013; van der Kolk et al., 2009).

2.1.3. Childhood Psychological Trauma

A focus on adult symptomology propelled scientific and clinical research and an advancement of literature surrounding physiological and psychological manifestations in children following exposure to traumatic events. Research during the three decades following the inclusion of PTSD in the DSM differentiated between acute and chronic trauma (deZulueta, 2006; Terr, 1991), and examined physiological, psychological and behavioural symptoms and developmental impacts of PTSD in childhood (Heide & Solomon, 2006; Scheeringa, Zeanah & Cohen, 2011; van der Kolk, 2005). Research revealed that CPT occurs through a variety of events including childhood sexual, physical and emotional abuse and neglect (Heide & Solomon, 2006; Schore, 2001; Terr, 1990, 1991), exposure to domestic violence (Liberman, van Horn & Ozer, 2005), intergenerational trauma (De Zulueta, 2006; Fournier & Crey 1997), and disrupted attachment in childhood (Kim, Fonagy, Allen & Strathearn, 2014; Schuengel, Oosterman & Sterkenburg, 2009). Although not included in the DSM-5, categories of childhood trauma have been identified and are well recognized in academic literature and among the psychiatric community. These include Type I and Type II Childhood Trauma (Terr, 1991), Complex PTSD (Herman, 1992) and Developmental Trauma Disorder (DTD) (van der Kolk, 2005). While similarities and differences exist between symptoms of various types of childhood psychological trauma, all are transitional events with the potential to generate bio-psycho-social changes leading to criminal behaviours and become turning points in the life course trajectory.

Most importantly, research has revealed that CPT must be examined as an underlying factor of adult criminality because it is here that the development of 'the criminal' begins (Bloom, 1997, p. 242; Falshaw, 2005, p. 423; Gilligan 1996, 2000; Moffitt, 1993; Morris, 2000; Perry, 2001), and because changing the trajectory is possible throughout the lifetime (Bloom 1997; Reisel, 2013). Praxis has contributed to the development of strategies to address unresolved CPT (see below) offering opportunities to prevent escalation of symptoms and providing possible turning points in the life course trajectory, particularly relating to neurological development and neuropsychological impacts. Scientific research, theoretical developments and clinical strategies have provided a "unified theory" (Lewis, 2012; Misiak et al., 2017) through which impacts of CPT are understood.

2.2. Impacts of Trauma

Human responses to trauma involve "involuntary and instinctual portions of the brain and nervous system" (Levine, 1997, p. 17) and mirror the trauma responses of wild animals (Barge, 2014; Levine, 2010; Lupien, 2013). Responses occur physiologically first, with mental states and impacts being secondary (Levine, 2010; Sapolsky, 2004). Because responses to trauma begin in the brain, physiological responses are critical to understanding immediate as well as ongoing responses to trauma.

 All incoming sensory information is received and evaluated by the hind, or 'emotional' brain (Levine, 2010; Massey, 2002; Solanto, 2013), and if it is assessed as unfamiliar or strange, a stress response is immediately activated. The degree of activation is directly related to the level of threat perceived, based on previous experience (Perry & Szalavitz, 2006). For this reason, even *anticipated* danger can induce a trauma response (Sapolsky, 2004). Once danger is assessed the body is instantaneously, without conscious decision, activated to prepare for fight or flight[3]

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[3] See Levine (2010) for discussion of further development of this concept to "A & 4F's" which include arrest, flight, fight, freeze and fold, and Bloom & Farragher (2011) for "fight, flight, freeze, appease" response. Also see Kalaf et al., (2017) for a discussion of "freeze/attentive immobility" which is "characterized by heightened vigilance to threat cues and increased responsivity to stimuli" (p. 71). In cases where methods of fight or flight fail, or failure is assessed as inevitable, individuals may experience "tonic immobility" (Kalaf et al., 2017, p. 72), also referred to as "rape-induced paralysis" (Heidt, Marx, Forsyth, 2005, p.1157). Tonic immobility is a "state of unresponsiveness, catatonic-like immobile posture, parkinsonian-like tremors, and suppressed vocal behaviour" (Kalaf et al., 2017, p. 72), and is most strongly associated with sexual trauma than any other type of trauma

(Bloom, 1997; Solanto, 2007, Perry, 2001, 2013a) through chemical and hormonal reactions as well as changes to brain function. This causes vital systems to accelerate, with heart rate, blood flow and breathing increasing, pupils dilating for increased visual ability, and hearing and attention becoming enhanced to increase ability to assess social cues. It also suppresses temporarily unnecessary functions such as digestion, hunger and the immune system (Lupien, 2013; Perry, 2001; Solanto, 2007). Chemicals are released which allow the body to remain calm enough to react (Perry & Szalavitz, 2006; Solanto 2007), enhance tissue repair, (Solanto, 2007), enhance pleasure and motivation which provides a sense of competence (Perry & Szalavitz, 2006) and anesthetize the body to allow action despite bodily injury (Solanto, 2007). In cases where methods of fight or flight fail, or failure is assessed as inevitable, individuals may experience "tonic immobility," which is "a state of unresponsiveness, catatonic-like immobile posture, parkinsonian-like tremors, and suppressed vocal behaviour" (Kalef et al., 2017, p. 72).

Explicit memory is disabled, and implicit memory attaches emotional meaning to *all memories* during the traumatic event, imprinting them in the individual's brain. Incoming information is directed to random areas of the brain which reduces the individual's ability to control later retrieval (Koch, Caldwell & Fuch, 2013). A loss of ability to assign words to incoming experiences may occur during, and continue after, the traumatic experience (Koch et al., 2013).

Human emotions exist independent of rational appraisals, however emotional impulses override rational responses (Goleman, 1995 in Massey, 2002). During trauma, referred to as "emotional hijacking" (Siegel, 2012, p. 10-6), this results in emotional impulses overriding rational responses. Emotional meaning is attached to the threatening experience, inducing this bodily response instantaneously, disabling rational processing of incoming information (Bloom, 1997; Massey, 2002; Perry, 2013a). Therefore, the higher the emotional assessment, the greater the individual response will be (Perry, 2001). This emotional hijacking will continue for the duration of the traumatic event, with judgment, rational thought and decision-making, speech, problem-solving

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(Kalaf et al., 2017). Also, see Misiak et al. (2017) who explain that tonic immobility (freeze) response is more commonly experienced by females, while fight and flight responses are most common experiences of males.

and self-control remaining suppressed (Levine, 2010; Massey, 2002; Perry & Szalavitz, 2006).

Responses to danger occur within a very complex system and returning to a pre-trauma state following trauma is equally complex, although not nearly as rapid or automatic, with numerous potential obstacles inhibiting this process.

2.2.1. Recovery

Ideally, when danger has passed, the brain and body begin the journey back to pre-trauma functioning. Sensing safety, the hind brain signals the beginning of the recovery process, stopping the influx of chemicals and hormones and returning vision, hearing, muscles and vital systems to normal[4]. As the brain adjusts to pre-trauma functioning, language and cognitive abilities return, explicit memory resumes and incoming information begins to be directed through normal function. In essence, the individual will "shake it off" (Levine, 2010). Recovery, however, is a fragile and complex process through which the individual must make meaning of the event and incorporate memories and understandings. Although human capacity for recovery is innate, its occurrence is not guaranteed and impacts of unresolved trauma are profound (Levine, 2010; Solanto, 2007). In fact, although "progress is always fragile" (Solanto, 2007), recovery is critical in determining whether the event constitutes a turning point in the criminal trajectory.

2.2.2. Impacts of unresolved trauma

When trauma is severe, intense or prolonged, the bodily system may become overwhelmed and unable to recover on its own. This is particularly relevant in cases of chronic trauma such as domestic violence or child abuse, when the body repeatedly experiences "massive overload" (Bloom, 1997, p. 18) or when the body is

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[4] A return to "normal" is used here to indicate 'pre-trauma' functioning for the survivor, recognizing that once an individual experiences trauma, there is no possibility of returning to the actual state one was in before, and accordingly there should be no expectation for this to occur. Scholars point out that "recovery" may be expressed in relative terms and that "normal" responses to trauma may be dependent on cultural context (Brown et al.., 2012, p.536). (For a discussion on measuring and stages of recovery see, for example, Brown et al., 2012; Herman, 1992; Rothschild, 2010; Zehr, 2015).

developmentally immature (Lewis, 1990; Perry, 2001; Perry & Szalavitz, 2006; van der Kolk, 2005) and is unable to begin the healing process (Bloom, 1997; Mate, 2008, 2011; Perry, 2013). When trauma remains "unresolved"[5] (Kim et al., 2014, p. 352), physiological, cognitive, emotional and behavioural impacts result in reactions that are difficult to understand and control (Bloom, 1997), and the impacts in terms of generating criminal behaviours are staggering, particularly in situations of child abuse and neglect (Gilligan, 1996, 2003; Heide & Solomon, 2006; Lewis, 1990; Morris, 2000; Terr, 1991, 2003).

Physiologically, unresolved trauma causes the hind brain to continue to function at an enhanced level, chronically overpowering higher brain functions. Remaining in a state of chronic hyperarousal (Bloom, 1997:18; Bloom & Farragher, 2010; Perry, 2013; Solanto, 2007), the bodily system remains dysregulated (Solanto, 2007) and brain activities remain dysfunctional and maladaptive (Bloom, 1997; Perry, 2001, 2006; Riggs, 2010; Schore, 2001). Chemicals and stress hormones continue to flood the system creating an ongoing inability for modulation of bodily arousal and guardedness, while functions such as increased blood pressure, muscle tension, breathing, and body temperature as well as decreased hunger, digestion and immune system function may become chronic (Dong et al., 2005; Felitti et al., 1998; Perry et al., 1995; Solanto, 2007). In a hyperaroused state, individuals remain extremely sensitive and alert to noises and activities around them and experience exaggerated startle responses (Pynoos, Steinberg & Goenjian, 2007; Solanto, 2007, 2013), becoming "irritable, angry, and frightened for no apparent reason" (Bloom, 1997, p. 19). Sleep may become difficult or interrupted (Pynoos et al., 2007) and intrusive symptoms such as 'reliving' the trauma occur in the form of flashbacks, nightmares, distressing memories, and physiological reactions to external cues that resemble sensory aspects of the experience (Bloom 1997; Pynoos et al., 2007). Individuals adapt physiologically by remaining chronically prepared for fight, flight, or freeze.

Suppressed cognitive functions result in chronic difficulties related to learning, problem solving, and exercising self-control and rational thought (Bloom, 1997; Mate,

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[5] Unresolved trauma, derived from George, Kaplan and Main's (1985) Adult Attachment Interview, refers to the degree to which an individual has not recovered from the initial trauma, and the past trauma exerts ongoing negative influences on present socioemotional experiences (Kim et al., 2014, p. 353).

2008; Perry, 2001; Pynoos et al., 2007; Solanto, 2007, 2013). Because cognitive function cannot resume normal functioning, individuals cannot focus in one area, think clearly, consider long-term consequences or exercise good judgment (van der Kolk, 2005). Decisions often become inflexible, oversimplified, and poorly constructed (Bloom, 1997), and behaviour appears impulsive and inattentive (Bloom, 1997; Mate, 2011; Perry, 2001).

Verbal capacity of the brain and explicit memory may remain inhibited (Read et al., 2001), preventing making meaning of both the traumatic experience as well as new incoming information (Bloom, 1997). The result is an inability to attain a sense of mastery over the environment and to re-establish their identity (Bloom, 1997). As our minds persist in fitting events "into a system of meaning" (Bloom, 1997, p. 171), a constant focus on the traumatic event often occurs in a continuous attempt to make meaning of it (Bloom, 1997). The brain becomes overwhelmed and unable to face reality when this occurs and the individual either avoids actual or potential reminders of the experience, including people, places, conversations, activities, and objects (American Psychiatric Association, 2013), or dissociates, blocking access to memory as well as emotions (van der Kolk, 2007a). Dissociation impairs consciousness and bodily sensations, and numbs emotions (Siegel, 2012), "disengaging from the external world and attending only to stimuli in the internal world" (Perry, 2001, p. 237). Over time an "emotional cast" is formed, unconsciously protecting the individual from painful emotions such as anger, fear and shame (see below), but because one cannot selectively numb, the result is an atrophy of *all* emotions (Bloom, 1997; Kerig, Bennett, Chaplo, Modrowski, & McGee, 2016). However, emotions are referred to as "the engine that drives us" (Nathanson, 1992, p. 59). Therefore, this atrophy reduces overall enjoyment and meaning in life as well as connection to others (Brown, 2011), and results in inability to re-establish a coherent sense of identity, alienation between the dissociated self and the normal self, alienation from the self and the world, and alienation between different parts of one's own personality (Fearon & Mansell, 2001; Fonagy et al., 2003). The result is a "crisis of conscience, a crisis of meaning, a crisis of values...a crisis point" (Bloom, 1997, p. 225), with these individuals often diagnosed with dissociative identity disorder, antisocial personality disorder or borderline personality disorder (Bandelow et al., 2005; Fonagy et al., 2003; Herman, 1992).

Dominant emotions associated with trauma are anger, fear and shame (Bloom, 1997; Lee, 2009). Anger and fear are necessary during traumatic events, preparing the individual for fight (anger) or flight (fear). However, these emotions also inhibit recovery and contribute to criminal and violent behaviours (Bloom & Reichert, 1998; Nathanson, 1992). As a person exits dissociative states they often experience an increase in anger and rage toward themselves or those that prompted the threat (Levine, 2010), and fear of their own anger often prevents them from engaging in integration processes that facilitate healing.[6] The result is further numbing, keeping the painful experience walled off but requiring other methods of temporary relief such as alcohol or drugs (Bloom, 1997; Solomon & Heide, 2005).

Shame is also triggered by trauma because many individuals experience self-blame; having been unable to protect themselves, they often experience themselves as weak, incapable or inadequate (Lee, 2009). Shame produces "cognitive shock" (Nathanson, 1992 in Bloom 1997), mirroring a traumatic experience and triggering similar physiological responses, compounding initial trauma symptoms (Lee, 2009; Peyton, 2012). This leads to further disconnection from self and others, and results in the engagement of basic defensive strategies which include withdrawal, avoidance, attack others and/or attack self (Nathanson, 1992).[7]

To minimize confusing or threatening emotions, traumatized individuals often avoid attachments and relationships. Other people often avoid these individuals due to their volatility and emotional inconsistency, resulting in further isolation and disconnection (Bloom & Reichert, 1998) creating and reinforcing a "causal loop" (Thornberry & Krohn, 2005). Again, survivors often turn to alcohol, drugs or other addictions to numb their pain. While not all traumatized individuals experience addiction, Mate (2008, 2011) and Bloom (1997) controversially argued that *all* addiction is the result of unresolved trauma. While many turn to tranquilizers or other medications, which are more socially acceptable methods of relief, these provide only temporary relief while inhibiting the body's natural ability to rebalance hormones, exacerbating symptoms and

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[6] Mate (2011) explains that these individuals often experience depression, which is "the suppression of emotion, usually anger."

[7] For further discussion of the compass of shame see Nathanson, 1992.

preventing natural recovery (Mate, 2008, 2012; Solanto, 2007, 2013; van der Kolk, 2007b).

Loss of emotions or difficulty modulating emotions also inhibits the ability to trust one's feelings and to evaluate information (Bloom, 1997). When this occurs, activities that typically evoke pleasure often evoke terror, rage or despair, and activities that are typically avoided are often sought out (Bloom & Reichert, 1998; Solanto, 2007). Lacking a vision of a different way of being, many traumatized individuals experience "stress addiction" (Bloom & Reichert, 1998, p. 138) automatically and compulsively repeating destructive behaviours (Bloom & Reichert, 1998; Fonagy et al., 2003), experiencing angry moods, unpredictable outbursts and uncontrollable rage (Bloom, 1997; Nathanson,1992; Solanto, 2007). The emotional confusion and difficulty with emotional control results in expression of excessive or inappropriate emotions and oscillation between an 'external mask of blankness' and chronic unmanageable anger (Bloom, 1997; Solanto, 2007).

Ultimately, the ongoing fear, anger, and shame combined with suppression of emotion, is the adaption to the transitional traumatic event(s) and becomes a "way of life in the criminal world" (Nathanson, 1992, p. 400). Simply put, "violence in all its manifestations... [is] the obvious sign of anger gone completely wrong" (Bloom, 1997, p. 215). Indeed, people experiencing unresolved trauma can become incapable of feeling and expressing emotion (Bloom, 1997; Mate, 2012), lack empathy, and experience severely impaired relationships and psychological violence (Bloom, 1997; Bloom & Reichert, 1998). The adaptation is stronger for children.

2.2.3. Compounded impact on children

Children who experience psychological trauma have been shown to have 7-8% smaller brains (Mate, 2008,) and a smaller hippocampus (Misiak et al., 2017), and Widom's (1989) widely cited study reported an 18% reduction in the size of corpus callosum regions[8] and a 50% increased risk of delinquency, adult criminality and violent criminal behaviours compared to those who have not experienced childhood

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[8]The Corpus Callosum connects the right and left-brain hemispheres. Decreased integration between these hemispheres affects ability to incorporate logic and reasoning, and to regulate emotion before acting (see Heide & Solomon, 2006, p. 225).

psychological trauma. These children are most vulnerable to symptoms because trauma alters brain development and changes their physiological, cognitive, emotional, behavioural, and social functioning (D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Herman, 1992).

While secure attachment with a caregiver can mitigate childhood trauma, (Bretherton, 1992) its prevalence at the hands of the caregiver has long-term, devastating effects (Seigel, 2012; Perry, 2001). In infants and children, psychological trauma prevents attachment formation or breaks established attachment bonds (Mate, 2011) which is referred to as developmental trauma (Heide & Solomon, 2006; van der Kolk, 2005). When psychological trauma occurs within the home, a "biological paradox" often occurs whereby the survival instinct of the child's brain requires the child to cry or get away while the attachment circuit compels the child to move toward the caregiver for protection (Siegel, 2012). There is "no solution to the [child's] fear" (Siegel, 2016, p. 50), which results in collapsing the child's world[9] and impacts all aspects of development (p. 21-11), including neurocognitive development to social-behavioural competence, beginning in infancy (Heide & Solomon, 2006; Moretti & Peled, 2004), and often continuing throughout adolescence (Cooper, Shaver & Collins, 1998).

In psychologically traumatized children, critical aspects of the brain cease to develop (Heide & Solomon, 2006) and overproduction of some chemicals and hormones and underproduction of others disrupt the endocrine system's development and result in chronic physiological hyperarousal (Heide & Solomon, 2006; Perry, 2013; Solomon & Heide, 2005). Remaining "stuck in the cocoon" (Bloom, 1997, p. 211), these children function at whatever developmental stage they were at during the time of trauma (Mate, 2011; Solanto, 2007, 2013). When trauma is ongoing "every aspect of the self [becomes] distorted and bent in the direction of the traumatic experience[s]" (Bloom, 1997, p. 72). Rage responses become disinhibited and habitual patterns of rage form a classic feature of childhood trauma (Terr, 2003). It is also common for abused children to experience aggression towards themselves or others and to experience murderous revenge fantasies (Herman, 1992), and they are more likely than adults to develop

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[9] Siegel, Siegel, & Parker (2016) explains the collapsing of the child's world as the collapsing of adaptation strategies and the fragmentation of the child's inner self. The inner core of the child remains undeveloped, and results in the child's inability to trust others, and an inability to "trust their own mind to function well, especially under stress" (p. 50).

hyperarousal[10] and dissociative physiological, emotional and behavioural responses (Perry et al., 1995, p. 277). Because they cannot escape, these children commonly suffer from trance states or numbing (Herman, 1992) so extreme that alterations in consciousness result in them "look[ing] extremely withdrawn or *inhuman*" (Terr, 2003, pp. 329, emphasis added).

Development of emotional states and the ability to understand emotions of others and empathize become inhibited (Perry et al., 1995; Solomon & Heide, 2005) and arousal modulation and regulation of internal states cannot develop (van der Kolk, 2005; Schore, 2001; Siegel, 2012). Children are often unable to develop a sense of self and connection with other people (Heide & Solomon, 2006; Herman, 1992), and commonly experience pervasive terror and confusing and uncontrollable emotions. Misleading explanations for violence, or conspiracies of silence invoked by adults, prevent children from understanding the context and meaning of the events, resulting in cognitive confusion (Pynoos et al., 2007). These children become distrustful and suspicious (Terr, 2003; van der Kolk, 2007b) and have little insight into what they do or feel and what has happened to them (van der Kolk, 2005). They become easily frustrated and demonstrate low impulse control (Perry, 2001) and lack of brain development and function may result in amnesias, with whole segments of childhood being forgotten (van der Kolk, 2007a). Having developmentally reduced ability to use language, these children often demonstrate their feelings and desires through behaviours rather than words,[11] presenting behavioural problems in social situations. Reflection on their own behaviour and delayed gratification are difficult and at times impossible (Perry, 2001). Their hyperaroused state prevents concentration and learning because they are oversensitive to emotional and social cues, constantly scanning the environment for warning signs of attack and reading subtle changes in facial expression, voice or body language as signals of danger (Herman, 1992, Pynoos et al., 2007; van der Kolk, 2005), rather than paying attention to verbal cues. Having difficulty absorbing verbal instruction, these children direct their attention to what people around them are *doing* rather than *saying*

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[10] See Read et al. (2001) for a discussion of sex differences in trauma responses. For example, hyperarousal is more common in males while dissociation is a more common experience of females. Also, females generally internalize emotional responses while male responses are generally externalized (also see Misiak et al., 2017).

[11] Levine (2010) explains that children "act out" behaviours because they do not have the capacity to describe their desires and needs, and thus, the expression "acting out."

(Herman, 1992; Perry, 2001). Due to their hypervigilance, they develop "remarkable non-verbal skills in proportion to their verbal skills (street smarts)" but often misinterpret friendly touches as threats (Perry, 2001, p. 230) instinctually and instantaneously responding with aggression (Moffitt, 1993; Solanto, 2007), thus maintaining the causal loop (Sampson & Laub, 1992).

Children experiencing CPT often develop a "restricted behavioural repertoire" (Moffitt, 1993, p. 684), becoming incapable of learning "rules of civilized conduct" (McFarlane & van der Kolk, 2007, p. 32). Because the brain grows in a use dependent fashion, maladaptive coping behaviours, over time, become internalized patterns of behaviours,[12] or more specifically, "states become traits" (Perry, 2001, p. 228). When this occurs, these children, paradoxically, only feel calm when they are under stress and experience withdrawal in calm atmospheres (Bloom & Reichert, 1998). They antagonize other children and engage in bullying, fighting, and gang behaviours, in part, to achieve internal equilibrium (Bloom & Reichert, 1998). They become "trauma bonded" (Bloom & Reichert, 1998, p. 139; Herman, 1992, p. 105), gravitating towards dysfunctional and dangerous relationships because these represent "normal" relationships (Bloom & Reichert, 1998, p 139; Herman, 1992, p. 105).

In addition to symptoms of unresolved trauma experienced by adults, these children experience reduced cognitive, language, motor and socialization skills (van der Kolk, 2005; Misiak et al., 2017) and are often experienced by adults and authorities as rebellious, antisocial and oppositional (Perry et al., 1995; van der Kolk et al., 2009). They become the subject of increasing punishment and discipline (Bloom, 1997, 1998), as their behaviour evokes adult responses that further exacerbate their behaviours (Moffitt, 1993). They are often seen as trouble and remain on an "ill-starred path [with] subsequent stepping stone experiences culminating in life-course-persistent antisocial behaviours" (Moffitt, 1993, p. 683). These children are most often diagnosed as having behavioural disorders such as attention deficit disorder (ADD), oppositional defiant disorder (ODD), conduct disorder, separation anxiety, or phobic disorders (van der Kolk et al., 2009), and affective disorder, dissociative disorder, adjustment disorder, panic disorder and borderline personality disorder (Fonagy et al., 2003; Terr, 2003).

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[12]See Moffitt (1993) for a discussion of contemporary continuity.

2.2.4. Victim to perpetrator

The trajectory from childhood psychological trauma to violence and criminal behaviours in adolescence and adulthood is so clear that "future clientele of justice agencies could easily be identified by second or third grade" (Morris, 2000, p. 104). LCT literature demonstrates that the trajectory from childhood characteristic, neurodevelopmental and neuropsychological factors to adult criminal behaviours is equally clear (Moffitt, 1993; Sampson & Laub, 2003). However, trauma as the root of these factors is only beginning to receive attention in the field of criminological research.

Not all children who experience psychological trauma grow up to be violent or criminal (Widom, 1989). Indeed, 'Robin's paradox' states that "adult antisocial behaviour virtually *requires* childhood antisocial behaviour [yet] most antisocial youth do *not* become antisocial adults" (Robins 1978, p. 611 in Moffitt, 1993, p. 676). Clearly there are mediating factors. Some assert that genes play a mediating role. Caspi et al. (2002) provide epidemiological evidence that genotypes can reduce the impact of childhood trauma, reporting that a specific genotype that confers "high levels of MAOA"[13] (p. 851) provides some resiliency to the effects of trauma in children. Further, specific allele combinations in the 5-HTT gene[14] contribute to the release of serotonin, mitigating impacts on the brain's ability to modulate mood, anger and aggression (Caspi et al., 2003 in Elliott, 2011). However, the impact of genes as a mediator is contingent on environmental conditions, with the combination of genetics and adverse environment decreasing resilience to trauma (Elliott, 2011; Mate, 2008). Early family and educational intervention strategies can effectively mediate impacts of trauma (Bloom, 1997; Bloom & Farragher, 2011; Perry, 2013); however, given that 80% of all childhood psychological trauma occurs within the home (Perry, 2001; van der Kolk, 2005), these intervention strategies are limited.

While the claim that not all people who were abused as children become abusers is true "on the surface" (Elliott, 2011, p. 177), trauma literature confirms that the

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[13] See Caspi et al. (2002) for a discussion of the impact of Monoamine oxidase A (MAOA) as a genetic modifier of maltreatment in children and why not all victims of maltreatment grow up to victimize others.

[14] See Caspi et al. (2003) and Elliott (2011) for a discussion of variations in the 5-HTT gene and the impact of these variations on the neurotransmitter serotonin, and for a discussion on how serotonin mitigates effects of trauma.

trajectory is staggering, and points to the importance of specific and early intervention to reduce the likelihood that abused or neglected children will end up in prison later on (Bloom,1997, 1999; Douglas & Moore, 2007; Douglas & Moore, 2007a). Repetition or re-enactment of victimization is a major cause of violence (Falshaw, 2005; van der Kolk, 1987; van der Kolk & McFarlane, 2007). Exposure of children to ongoing violence acts as a "culture medium for aggression to grow and flourish" (Lewis, 1990, p. 132) and through "psychic autoimmune deficiency" individuals become immune to resisting brutalization and start sustaining themselves through social violence (Fonagy et al., 2003). Exposure to family violence, child abuse, and neglect present significant risk of adult criminality (Bloom, 2001; Eitle & Turner, 2002; Falshaw, 2005; Herrenkohl et al., 2013; Leschied, Chiodo, Nowicki & Rodger, 2008) with these children 50% more likely to engage in violent and criminal behaviours (Widom 1989).

Retrospective studies lend additional support. Boswell (1995), whose study of case histories of violent criminals is referred to as "the most notable research [on] maltreatment histories of offender populations" (Falshaw, 2005, p. 428), revealed significantly high experiences of childhood abuse, with 72% having experienced emotional abuse, 29% sexual abuse and 40% physical abuse (in Boswell, 1998; Falshaw, 2005). The prevalence of violent adult prisoners having experienced severe childhood abuse has been confirmed by Bloom (1997), Gilligan (1996), and Morris (2000). In Canada, a former parole board member warns that "child abuse and extreme emotional deprivation in the formative years of many inmates [is] so striking that...I wondered if I'd gotten hold of a control group" (Birnie, 1990, p. 108), describing Canadian prisons as "a sub-stratum of society where abuse is the normal pattern" (p. 109).

It is well established that addictions, an inability to learn, low self-control, high impulsivity, conduct and other behavioural disorders are recognized risk factors for violent and criminal behaviours[15] (Hickey, 2006, p. xvii) and it is more widely recognized that neurodevelopmental and neuropsychological deficits precede these risk factors (Farrington, 2003; Moffitt, 1993). It is also well established that unresolved CPT is responsible for striking amounts of these deficits, creating turning points in the life

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[15] For a comprehensive list of major risk factors, refer to Public Safety Canada's (PSC) Report "Major Risk Factors for Antisocial and Delinquent Behaviour among Children and Youth" (2013).

course trajectory, and playing a directive role in generating criminal behaviours. It is also understood, in much greater depth, how and why this occurs. More importantly, research demonstrates that healing unresolved trauma is also transitional and is a possible turning point in the trajectory, and a necessary intervention strategy throughout the lifetime (Reisel, 2013).

2.3. Factors of Healing

Elliott (2011) defines healing as "making something sound or whole, restoring it to health" (p. 171), and refers to the Ojibway concept of "a return to balance" (p. 38). According to her, healing is the "recovery from harm" (p. 69), which is an individual process aimed at "holistic restoration" (p. 171). Healing, then, is recovery from physiological and psychological harm experienced through CPT.

Pillars of well-being, including safety, autonomy and relatedness, are shattered by psychological trauma (Johnson, 1990 in Gustafson, 2005, p. 202). These pillars, also known as self-preservation, control and connectedness (Horowitz, 1997), safety, empowerment and connection (Herman, 1992) and empowerment, choice and control (Poole & Greaves, 2012) must be established for children, and re-established for adults, to facilitate healing.

Safety must be the first step in any trauma recovery process because only in a refuge of psychological and physical safety can the brain heal, and can autonomy and connection occur (Bloom, 1997; Herman, 1992; Levine, 1997; Mate, 2011; Poole & Greaves, 2012; van der Kolk, 2005, 2007b). Newman, Kaloupek and Keane (2007) define a physically safe environment as one where avoidance and hypervigilance are not necessary for survival, and Bloom (1997) more generally defines physical safety as an environment "where violence against others is not permitted" (Bloom, 1997, p. 115). Psychological safety is "fundamentally about reducing interpersonal risk," (Edmondson & Lei, 2014, p. 24), and involves "individual perceptions of the consequences of taking interpersonal risks in a particular context" (p. 24). While physical and psychological safety are distinctly defined, there is considerable overlap between these concepts, and recovery processes must include both aspects of safety.

Connection is critical. Perry & Szalavitz (2006) explain that "the most shattering aspects of all disasters involve the shattering of human connections," and this is especially true for children (p. 232). Therefore, recovery is "all about relationships – rebuilding trust, regaining confidence, returning to a sense of security and reconnecting to love" (p. 232). Relationships are vitally important for recovery, as "healing and recovery are impossible – even with the best medications and therapy in the world – without lasting, caring connections to others" (Perry & Szalavitz 2006, p. 232). Simply stated, "relationships have a way of transforming us" (Elliott, 2011, p. 145). It is the establishment and interconnection of all three of these essential factors that create trauma transition and recovery to well-being rather than adaptation to a trajectory of life-course persistent offending.

In his work with children, van der Kolk (2005) explains that safety, predictability and fun must precede the development of relational and cognitive capacity and emotional mastery, because the part of the brain required to process trauma needs "quiet," and without relational, cognitive and emotional capacity, trauma recovery cannot be complete (van der Kolk, 2013). Brain mapping in children demonstrates that *all* success for child recovery and development requires physical and emotional safety in order to facilitate brain development, allowing capacity for self-regulation, speech development, cognitive ability and relationship building (Perry, 2013).

Healing strategies based on healthy community building, physical and emotional safety and autonomy have demonstrated significant success in children, adolescents (Bloom, 1997; Perry, 2013; van der Kolk, 2013) and adults. To this end, neurogenesis (the brain's ability to grow new cells), epigenetics (changes in gene activity), and brain plasticity (the ability of the brain to change through experience) research provide optimism with evidence that the brain's ability to grow new cells, heal damaged areas of the brain, rewire neurons and change pathways and synapses, remains possible throughout the lifetime (Meaney, 2014; Perry, 2006; Reisel, 2013). The development of trauma-informed approaches and trauma-specific services provide evidence of the necessity and effectiveness of incorporating principles of trauma healing into current intervention strategies, and restorative justice (RJ) principles and values are consistent with these approaches. Based on fundamental values of safety, respect and relationship (Elliott, 2011) numerous RJ initiatives around the world (Dignan, 2001; Maxwell & Morris,

2006; Sherman & Strang, 2007) provide examples of successfully healing unresolved trauma.

2.3.1. Trauma-informed approaches and trauma-specific services

Trauma-informed approaches constitute a 'paradigm shift' that recognizes the impact of trauma on the entire human experience and incorporates advances in neuroscience to approach personal mental and relational distress with human understandings of these impacts. These approaches identify interventions that have demonstrated efficacy, provide new methods of assessment, bridge gaps in recovery previously and traditionally unidentified and refine current assessment and intervention practices by incorporating applications of neuroscientific findings (Brown, Harris & Fallot, 2013; Evans & Coccoma, 2014; Poole & Greaves, 2012). While trauma-informed approaches and environments are not specifically designed to treat symptoms of trauma, they provide understandings of the impact of violence together with a cultural shift that allows for specific service delivery which is free of triggers or revictimization (Jennings, 2004; Brown et al., 2013). Trauma-informed approaches:

> [take] into account the role and impact of trauma and violence in [clients'] lives, that accommodates the vulnerabilities of trauma survivors, and that allows services to be delivered in a way that avoids triggering trauma memories or causing unintentional re-traumatization. (Herman,1992; Harris & Fallot, 2001; Gatz et al., 2007 as cited in Brown et al., 2013, p 387)

Paying particular attention to understanding the impacts of trauma, the challenges and importance of client/service provider connection, and the relatively common occurrences of trauma throughout various service deliveries (Poole & Greaves, 2012), trauma-informed approaches recognize trauma recovery as a primary goal, and emphasize the importance of empowerment, autonomy, relationship and respect (Elliott, Bjelajac, Fallot, Markoff & Reed, 2005) throughout the system in which they are implemented.

Elliott et al. (2005) recommend that treatment of trauma and co-occurring disorders be integrated rather than sequential (p. 465), and Wallace, Conner and Dass-Brailsford (2011) stress that because integrated treatment is "in its infancy" (p. 335) and is "evolving" toward being trauma-informed, the overlap between "integrated" and

"trauma-informed" approaches must be acknowledged, and that all treatment staff should undergo trauma and trauma-informed approach training.

While many scholars argue that trauma-informed care for women has not been widely implemented or researched (Reeves, 2015), there exists an established and growing body of literature regarding trauma-informed care for women (see Covington, 2008; Reeves, 2015; Matheson, Brazil, Doherty & Forrester, 2015), particularly in prison (Tam & Derkzen, 2014). The same, however, is not true for men. Men's victimization continues to be overlooked (Elkins, Crawford & Briggs, 2017) and therefore largely unaddressed. Although men in need of trauma-informed care are not totally absent from the literature (see Elkins et al., 2017; Harris & Fallot, 2001; Miller & Najavits, 2012), men often appear in literature as having reported fewer traumatic experiences than women (for example, see Tam & Derkzen, 2014) and are therefore often included as a strategy emphasizing women's trauma-informed, gender responsive (TI-GR) care as more critical than men's. Eight principles of TI-GR care for men identified by Fallot & Bebout (2012) have been widely accepted (Elkins et al., 2017) and exploration and implementation of trauma-informed correctional care (TICC) for men has begun (Miller & Najavits, 2012; Wallace, Conner & Dass-Brailsford, 2011).

Fallot & Bebout (2012) provide core values of safety, trustworthiness, choice, collaboration and empowerment as essential in all trauma-informed practices and point out that truly trauma-informed services embody the core values "in every contact, every physical setting, every activity and every relationship" (p. 165). They further recognize gender role socialization and traumatic experiences of men, requiring that trauma-informed approaches be gender-responsive, and they provide the following eight core assumptions of trauma-informed, gender-responsive care:

1. Recognizes the impact of male gender role socialization on men's experiences of traumatic violence, understands gender-related patterns and paces expectations for (deeper) engagement accordingly;
2. Understands and empathizes with a "disconnection dilemma" through exploration of trauma experiences in relation to male gender role expectations;
3. Develops a broad range of options for emotional expression while recognizing "all or nothing" adaptive strategies;
4. Strives to develop skills necessary to reduce interpersonal self-sufficiency and emotional control and increase "relational mutuality";
5. Adopts a skills-oriented approach and provides formal and informal opportunities for psychoeducation;

6. Acknowledges strength and courage that men are "still standing," and recognizes existing strengths, small successes and new skills to provide motivation and hope;
7. Acknowledges various dysfunctional behaviours as legitimate coping responses;
8. Provides opportunities for a "cost-benefit analysis" by exploring advantages and disadvantages of adaptive coping strategies in various contexts (pp 167-172).

As opposed to trauma-informed approaches, trauma-specific services refer to services specifically focused on recovery, which are designed to treat the actual sequelae of sexual or physical abuse and trauma (Finkelstein et al., 2004; Jennings, 2004), and countless trauma-specific services exist (e.g., grounding techniques, psycho-education and emotional processing techniques) (Jenkins, 2004; Rossiter, 2012). While trauma-specific services maintain a focus on recovery of trauma symptoms, they are most effective when they are provided within an overall environment that utilizes a relational approach (Jennings, 2004; Rossiter, 2012), more specifically, in an environment that embraces the principles of trauma-informed approaches (Finkelstein et al, 2004; Jennings, 2004; Rossiter, 2012).

2.3.2. Restorative Justice

Restorative justice (RJ) is a 'paradigm shift' that views crime, conflict and justice from a lens different from that of our traditional criminal justice system (Zehr, 1990). According to Zehr (1990), RJ sees crime as a violation of people and relationships, creating obligations to provide reparation and healing of all parties involved. In his seminal writing, Zehr defined restorative justice as:

> A process to involve, to the extent possible, those who have a stake in a specific offence and to collectively identify and address harms, needs and obligations, in order to heal and put things as right as possible. (Zehr, 2015, p. 50)

While principles of RJ are important, the beliefs and values that underlie restorative principles are most critical (Pranis, 2007; Zehr, 2015). Pranis (2007) offers two types of values that guide RJ, including: (i) process values, which guide the structure of restorative processes and "draw out" (p. 72) individual values, and (ii) individual values which are "characteristics that people aspire to when they are at their best" (p. 60). Recognizing that a definitive list of values does not exist, Pranis (2007) notes that the most consistently reported RJ values include process values of respect, individual dignity, inclusion, responsibility, humility, mutual care, reparation and non-domination (p.

62) and individual values of respect, honesty, taking responsibility, compassion, open-mindedness, and patience (p. 63). Finding respect to be the most commonly reported value in RJ literature, appearing as a process and individual value, Pranis (2007) corroborates Zehr's (2015) assertion that the value of respect, which includes physical and emotional safety for all involved, "reigns supreme" (p. 49).

The belief that relationships constitute a fundamental human need and that all restorative processes must be relationally focused has been widely accepted among RJ scholars and practitioners (Pranis, 2007; Sharpe, 2013; Zehr, 2015). Significant in this regard is Zehr's (2015) suggestion that putting things as right as possible includes two dimensions: first, harms that have been done (to victims) must be addressed; and second, the exploration and healing of offenders' experiences of victimization must be addressed (p. 31). Recognizing that trauma is a core experience of many offenders, and that psychological trauma occurs in relationships, Zehr (2015) argued that "damaged relationships are both a *cause* and an *effect* of crime" (p. 31, emphasis in original) and therefore relationships are critical in healing.

Since Zehr's conception of RJ as a model of justice to address criminal behaviours, RJ theory and terminology have expanded to reflect a much broader scope, now including *restorative approaches* and *restorative practices* that, in addition to addressing crime, involve proactive relationship building in all social settings (Preston, 2015; Van Ness & Strong, 2015), including prisons (Edgar & Newell, 2006; Zehr, 2015). Shapland (2008) distinguishes between *restorative justice* as a model which brings together victims and offenders (of the same crime) to address criminal behaviour, and *restorative practices* as a broader application utilized to address victim impacts, offender behaviour programs, and community programs. Gavrielides' (2015) offering of three 'categories' of RJ encompasses all of these initiatives, by including the following: micro level RJ, which holds offenders accountable through reparation of harm to victims and communities through practices such as victim-offender mediation, circles, conferences and sentencing boards; meso level RJ, which addresses inter-group, community and societal conflict and injustices using dialogue-based approaches; and macro level RJ which extends to a code of conduct and value system "within us" (p. 3), reflected between people, children, friends, partners, colleagues, enemies, and societies (i.e., a way of *being*). Van Ness and Strong's (2015) offering of RJ as a *transformative*

conception (p. 43),[16] requires processes to address structural issues of injustice at multiple levels of society and regards RJ as a "way of life" that encourages "living in whole, harmonious, and healthy relationships" (p. 43). Finally, Wachtel (2013) asserts that the "unified grand theory" of RJ is based on a fundamental premise that "people are happier, more cooperative and more productive, and more likely to make positive changes, when people in positions of authority do things with them, rather than to them or for them" (in Preston, 2015, p. 66).

Although an increasing array of RJ practices utilize aspects of trauma-informed care, RJ processes and approaches are not generally purported to be trauma-informed, nor are RJ processes alleged to be trauma-specific services. RJ practitioners, however, recognize the link between offenders' prior victimization and their own criminal behaviours and the subsequent need to address prior victimization of offenders (Zehr, 2015). To that end, offender-focused RJ initiatives provide an avenue to support offenders who have been victimized themselves and who are on their "individual journeys toward accountability and healing" (Toews & Harris, 2010, p. 129). More broadly, RJ facilitates personal and group healing and transformation (Toews & Harris, 2010; Zehr, 2015). Accordingly, the principles and values encompassed in RJ approaches are consistent with those of trauma-informed approaches.

2.4. Conclusion

Life course theories provide a rich understanding of the dynamic nature of criminal behaviour over the lifetime, particularly in the case of life-course persistent offenders. These theories reveal that childhood psychological trauma may constitute an underlying cause of commonly recognized criminal risk factors, which, when unaddressed, can act as transitional events and turning points, initiating or advancing the progression of a criminal life course trajectory. Psychological and trauma literature provide evidence that psychological trauma can wreak physiological havoc on the brains and bodies of victims, particularly in the case of children who have yet to develop physiological and psychological resilience. Unresolved psychological trauma plays a

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[16] See Van Ness and Strong (2015) for a complete discussion of three conceptions of restorative justice, which include the encounter conception, the reparative conception, and the transformative conception.

significant negative and disruptive role in the psychological, cognitive, emotional and behavioural lives of its victims. This literature indicates that these impacts of unresolved psychological trauma are compounded in children, disrupting developmental processes and often manifesting in behaviours that result in anti-social and criminal behaviours. The psychological literature provides a link between childhood victimization and subsequent offending behaviour and highlights the minimal recognition of this connection to underlying, widely accepted criminal risk factors in the field of criminology and in Canadian correctional practice. The important factors of safety, autonomy and relatedness are necessary to facilitate healing of psychological trauma, and healing psychological trauma is possible throughout the lifetime, and can act as an effective intervention strategy to address underlying causes of criminal behaviour. The theoretical foundations and principles of trauma-informed approaches, trauma-specific services, and RJ can play an ameliorative and healing role in reducing impacts of psychological trauma.

In conclusion, the literature reviewed presents a compelling argument that CPT may represent an underlying cause of criminal behaviour, and that healing impacts of CPT can act as an effective intervention strategy, interrupting the criminal trajectory and addressing criminal behaviour of life course persistent offenders.

Chapter 3.

Methods and Methodology

3.1. Purpose and Research Questions

The primary purpose of this research is to explore the experiences of healing from CPT of men who served ten years or more in a Canadian federal correctional institution, from their perspectives. To do so, it was necessary to understand the impacts of CPT throughout their lives. The purpose was not to simply describe the experiences of CPT and healing from CPT, but rather to understand the CPT and the *meanings and impact* that the CPT held for the participants during their childhoods, pre-prison lives, and throughout their prison and reintegrative experiences.

The two main questions of this research are:

1   What are the experiences of CPT in adult, male, federal prisoners[17] and former prisoners, and what are the impacts of those experiences?

2   What are the experiences of healing from CPT, and how is healing experienced during incarceration and community re-entry?

Healing is an individual process aimed at restoring psychological and physiological health and recovery from harm (see Section 2.3). Therefore, healing was considered to be understood as recovery from the psychological and behavioural impacts of CPT as these impacts were understood by participants.

3.2. Methodological Approach

Extensive and persuasive empirical evidence demonstrates that children are adversely affected by CPT (van der Kolk & McFarlane, 2007) and that CPT plays a clear and directive role in generating criminal behaviours (Falshaw, 2005; Leschied, Chiodo, Nowicki & Rodger, 2008). Extensive research also reveals that trauma healing plays a critical role in desistance from criminal behaviours (Evans & Coccoma, 2014), and that

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[17] The primary question pertains to experiences of prisoners and former prisoners. These experiences are understood by discussion with former prisoners about their experiences both as prisoners, and during the reintegration process. (see Section 3.3.1.)

trauma recovery is possible throughout the lifetime (Reisel, 2013). It is therefore imperative to identify factors that facilitate healing from CPT, and critical, qualitative research provides the best approach through which to understand this experience from the prisoners' perspectives.

3.2.1. Critical, Qualitative Research

Qualitative research is an inductive, human-centered approach that provides an in-depth understanding of the social world of research participants. Focusing on meanings that individuals attribute to their experiences and situations (Hesse-Biber & Leavy, 2011), this approach generates understandings based on participants' "uninterpreted descriptions" (Kvale, 1996, p. 32) of their experiences, providing rich, complex, nuanced data, and resulting in a holistic examination of a phenomenon (Thomas & Magilvy, 2011). A critical, or "emancipatory" (Scotland, 2012, p. 12) qualitative approach focuses specifically on experiences of oppressed and powerless groups to expose hegemony and injustice (Scotland, 2012), and to ultimately guide corrective action (Kirby, Greaves & Reid, 2006). By actively sharing their voices in the research process, prisoners, as marginalized individuals, become empowered and influential, yet their perspectives have typically been disregarded. By ignoring their voices and perceptions in the research process, prisoners' voices are also excluded from processes of action justification, intervention and policy development. The critical, qualitative approach used in my study facilitates a unique production of knowledge, giving voice to the lived experiences and perceptions of prisoners who have experienced CPT. This approach allows the prisoners' voices to maintain center-stage, making it particularly suitable for understanding the life worlds of the prisoners in my study. More specifically, the qualitative approach of interpretive phenomenological analysis (IPA) provides a solid, effective framework for my research.

3.2.2. Phenomenology

Phenomenology is "the study of human experience and of the ways things present themselves to us in and through such experience" (Sokolowski, 2000, p. 2). More specifically, phenomenology is the study of lived experiences, or "life-worlds" (Cohen, 1987, p. 31), the goal of which is to understand the meaning of those experiences for the persons who have had the experiences (Moustakas, 1994).

Phenomenology focuses on pre-reflective encounters in order to understand what Moustakas (1994) refers to as the "essence" (p. 13) of the life-worlds; phenomenological research is an attempt to understand "what the experience of being human is *like*" (Smith, Flowers & Larkin, 2009, p 11, emphasis in original) by obtaining comprehensive descriptions of how individuals perceive, remember, and make sense of their experiences (Marshall & Rossman, 2016). The experiential stories shared by former prisoners contain the essences of their life-worlds through which I gained a rich, deep understanding of the perceived impacts of their CPT, and the meanings that these held for them as prisoners.

Edmund Husserl and Martin Heiddeger, whose work laid the foundation for the development of phenomenology in the early 20th century (Laverty, 2003), provided two similar, yet distinct philosophical approaches that guide phenomenological research. These approaches include descriptive phenomenology and interpretive phenomenology. In this study I utilize the interpretive phenomenological approach.

Interpretive phenomenology

Descriptive and interpretive phenomenology both seek to understand the lived experience of human beings relative to a particular phenomenon as it is experienced by the individual (Sloan & Bowe, 2014). They differ, however, both in generation of findings and purpose. Three main aspects of interpretive phenomenology differentiate it from descriptive phenomenology.

The first differentiating aspect is the concept of consciousness. Descriptive phenomenology considers *intentionality* to be an essential feature of consciousness and is based on the belief that human beings can only understand something through directedness (Moustakas, 1994). From this perspective, all consciousness is consciousness "of" something (Sokolowski, 2000, p. 9); that is, to see, remember, or judge is to see, remember, or judge *something* (Smith et al., 2009, p. 13). Descriptive phenomenologists describe the "experiential content of consciousness" (p. 12), and once an individual's experience is described "just as it is" (Laverty, 2003) in the individual's consciousness, the work of descriptive phenomenology is complete (Sloan & Bowe, 2014). Interpretive phenomenology considers this concept incomplete and incorporates the concept of "Dasien" (Laverty, 2003, p. 24). "Dasien" or the study of "Being" (Crotty, 1998, p. 10) refers to "the situated meaning of a human in the world" (Laverty, 2003, p.

24). Rather than *describing* individual consciousness, interpretive phenomenologists strive to understand what it means to *be* a person (Leonard, 1994) and what the nature of reality is. They believe that multiple realities exist, each of which is specifically constructed and can be altered by the individual (Laverty, 2003). From an IPA perspective, the *experiences* people have and the *meaning* of those experiences for them can only be understood through interpretation, rather than description (Larkin & Thompson, 2012; Lopez & Willis, 2004).

The second critical aspect of interpretive phenomenology involves cultural and historical context (Larkin & Thompson, 2012). The descriptive approach considers human beings to be independent of culture and history, and therefore their described experience to be "objective." In contrast, the interpretive approach embraces the concept of "situated freedom" (Lopez & Willis, 2004, p. 719), which refers to the "indissoluable relationship" (Laverty, 2003, p. 24) between the individual and their cultural, social, and historical contexts. Because humans and their experiences are co-constituted and temporal (Sloan & Bowe, 2014), "hermeneutic interpretation" (Kvale, 1996, p. 46) is critical in understanding human behaviours. The goal of interpretive phenomenology is not to describe experiences, but to obtain a deep understanding of being human by interpreting manifest and latent aspects of presented human experiences, revealing "hidden social forces and structures" (Scotland, 2012) to determine what they *mean* to the individual (Smith et al., 2009). Radnitsky (1970) explained:

> Hermeneutic human sciences study the objectivations of human cultural activity as texts with a view to interpreting them to find out the intended or expressed meaning, in order to establish a co-understanding, or possibly even a consent; and in general to mediate traditions so that the historical dialogue of mankind may be continued and deepened (p. 22 in Kvale, 1996, p. 47).

A third critical aspect of phenomenology is the co-creation of understandings. Striving to obtain a "pure, unadulterated" (Cohen, 1987, p. 32) essence of an individual's lifeworld, descriptive phenomenologists "bracket" (Giorgi, 1997, p. 240) or suspend their past judgments, preconceptions, personal knowledge, biases and world views (Smith et al., 2009). In doing so, the descriptive phenomenologist prevents these biases from impeding on an unsullied description of experience. Interpretive phenomenologists believe that setting aside a researcher's pre-conceptions is impossible, and they believe that a researcher's prior experiences, knowledge, and assumptions are an inseparable,

valuable, and vital guide to inquiry and interpretation (Lopez & Willis, 2004; Sokolowski, 2000). Rather than attempt to neutralize their pre-conceptions, IPA researchers recognize and make their own experiences and assumptions explicit in the research. Rather than understanding experiences as they are *received* from participants, interpretive phenomenologists actively engage in an experiential process of interpretation (Scotland, 2012; Smith, 2011), referred to as a "fusion of horizons" (Lopez & Willis, 2004, p. 730), co-producing understandings that remain grounded in the participants' views and experiences.

With its focus on understanding the meaning of experiences for particular people in a particular context, and its potential to contribute to changes to legislation, reduction of recidivism, and enhancement to rehabilitation[18] (see Miner-Romanoff, 2012), interpretive phenomenology has proved particularly useful in the field of criminology.[19] In my study, IPA's focus on "personal meaning-making" (see King, Brown, Petch & Wright, 2014, p. 9) allowed for an in-depth exploration of the impacts of CPT and the experience of healing from the participants' perspectives. IPA's interpretive focus emphasized the importance of what the impact of CPT and healing mean to the participants. Therefore, I utilized IPA grounded in a critical, qualitative research methodology.

3.3. Participants

3.3.1. Inclusion Criteria

I employed a purposive sampling strategy for my study. Purposive sampling is appropriate for research involving individuals based on characteristic criteria relevant to the research question(s) (King et al., 2014). It was particularly suitable in this study because the phenomenological approach focuses on the lived experience of individuals

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[18] The Correctional Service of Canada refers to rehabilitation as the provision of "programs and services that address offenders' criminal behaviours" which are offered in the institution as well as in the community (see Correctional Service of Canada website at: http://www.csc-scc.gc.ca/correctional-process/002001-2000-eng.shtml).

[19] For criminological research using an IPA approach see, for example, Miner-Romanoff's (2010) study examining incarcerated adults serving sentences imposed in adult courts for crimes conducted as juveniles; Bertrand-Godfrey and Loewenthal's (2011) study examining delivery of therapy in the male, prison environment; Duff's (2010) examination of criminogenic needs of convicted sex offenders attending a community-based, introductory sex offender program; and Blagden, Winder, Thorne and Gregson (2011), who examined experiences and perspectives of convicted sexual offenders who denied their offences.

and because IPA is particularly interested in the lived worlds of people "to whom the research topic *matters*" (Smith, 2011, p. 10).

Potential participants were required to meet the following criteria to be eligible for inclusion in this study:

i   Be over the age of eighteen years;

ii   Be a former prisoner on conditional or unconditional release from a Canadian federal institution;

iii   Have served a minimum of ten consecutive years in a Canadian federal correctional institution for an offence for which they were incarcerated;

iv   Have been incarcerated in a minimum of two levels of security at two different single-level institutions;

v   Self-identify as having experienced childhood psychological trauma; and

vi   Be willing to participate in three focus groups and two individual interviews (Stage 1) or three individual interviews (Stage 2).

3.3.2. The Procedure

My study included two stages of recruitment and data collection. Initial ethics approval from Simon Fraser University's Office of Research Ethics was granted for Stage 1, and approval of the amendment to reflect the design change of Stage 2 was granted (see Section 3.4.). Details of data collection are provided in Section 3.6., however a brief outline of the two stages of my study is provided below.

Stage 1: Focus Groups, Interviews, Questionnaire

I determined discussion in groups and individually with adult male former prisoners to be the best route to understanding prisoners' experiences, and therefore employed a combination of focus groups and individual interviews. The dynamic setting of focus groups would provide greater detail on attitudes, opinions and experiences than interviews (Berg, 2004; Smith, 2004), with group interaction encouraging a "sparking" off of one another (Rubin & Rubin, 1995, p. 140), an expansion of and negotiation of different perspectives and experiences (Palys & Atchison, 2014) and an overview of the basic elements of healing experiences in prison. I recognized that some participants may

be less comfortable in groups than in individual interviews, particularly among prisoners having been indoctrinated into an inmate subculture where an "inmate code"[20] exists and mitigated this potential discomfort through the process of participant recruitment, discussion topics,[21] group facilitation and facilitator-participant rapport. Two focus groups were conducted in Stage 1. Focus group guides were developed to guide discussion (see Appendix A & B, for Focus Group Meeting Guides 1 & 2, respectively).

Stage 1 included two in-depth, semi-structured interviews. Interviews complemented and contextualized the focus groups, facilitating subsequent group discussion development while providing depth and detail to understandings of CPT. Interview 1 was developed to explore the experiences and impacts of each participant's CPT, and Interview 2 provided participants with an opportunity for debriefing, additional sharing or questions after reflection (See Appendix C & D for Interview Guides 1 & 2, respectively). Time intervals between meetings allowed participant reflection and ongoing discussion development.[22] Table 3-1, below, illustrates focus group and interview interval structure and themes.

Table 3-1   Time intervals and discussion themes

Week	Meeting	Purpose/Theme
1	Focus Group Interview #1	Establish ground rules, expectations, parameters, discuss nature and purpose of study; address ethical issues. Theme: Operationalizing safety, autonomy, relatedness.
3	Individual Interview #1	Sharing of personal childhood trauma and offence. Theme: Understanding their perspective: "give and take" structure; completion of questionnaire.
5	Focus Group Interview #2	Recognizing safety, autonomy and relatedness; recognizing obstacles and opportunities

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[20] The inmate code requires, in part, inmates to stay out of other inmates' business, not to whine, to be tough, and not to trust anyone (Griffiths, 2007). However, my experiences with offenders in various workshops inside and outside of the prison environment suggests there seems to be an understanding that the code is not as strictly adhered to in the workshop setting, where vulnerability through honest and open sharing is accepted.

[21] CPT was discussed in the interview setting only, reducing vulnerability and the sensitivity of discussion topics in the focus groups. There was no expectation that participants discuss their personal history in the focus groups, although they were free to do so if they felt so compelled, and in some cases, they did.

[22] Time intervals in between focus group interviews and individual interviews were developed to provide me with an opportunity to reflect and to note specific topics that I could raise for further discussion at the next interview, if necessary.

| 6 | Individual Interview #2 | Debrief, answer questions, address concerns |

Participants in this study were asked to complete a questionnaire (see Appendix E) to gather basic demographic information (e.g., age, ethnicity) and historical details of their offence and imprisonment (e.g., offence type, length of imprisonment, security levels). Questionnaires, designed to complement the phenomenological approach of this study, required contextual information rather than complete, detailed historical information (e.g., men were asked to indicate the offence for which they were imprisoned for over ten years, rather than to provide detailed offence histories). To establish and maintain flow and rapport in the interview, this questionnaire was introduced as close to the beginning of the interview as possible. Participants were given the option of completing the questionnaire in writing or verbally. Fourteen men (82%) chose to verbally complete the questionnaire.

Stage 1 Challenges

Stage one focus groups were held at two locations (see Section 3.3.3.). After completing two focus group interviews at one location, one focus group interview at the other location, and Interview 1 with all participants in one community residential facility (CRF1), the following challenges were identified:

1. Most participants indicated a strong desire to share their experiences openly and honestly, however preferred one-to-one interviews as opposed to focus groups, as a method of sharing information;

2. Recruitment and relaying accurate information through an intermediary presented a challenge, in some cases negatively affecting resident participation and potentially hindering trust building capacity between myself and participants;

3. Coordination of focus groups raised scheduling issues, compatibility issues and no-contact order challenges for potential participants.

Accordingly, I adjusted my methodology, redesigned the data generation approach, and proceeded as outlined in Stage 2, below.

Stage 2: Individual Interviews and Questionnaire

Stage 2 involved a series of three in-depth, semi-structured interviews with each participant. Interview guides created for Stage 2 incorporated themes from Stage 1 focus groups and interviews and were adjusted for discussions held with existing participants

(See Appendix F, G, & H, for Stage 2 Individual Interview Guides 1, 2, & 3, respectively). Data from Stages 1 and 2 were consolidated for interpretation and analytic purposes.

3.3.3. Participant Recruitment & Research Location

Recruitment and data generation took place over a six-month period from February to July 2016. Stage 1 recruitment took place in two community residential facilities (CRFs) for men on conditional release from federal and provincial[23] institutions in British Columbia, Canada. Both CRFs are contracted to The John Howard Society of the Lower Mainland of BC by the CSC, to assist offenders with community reintegration by providing food and shelter, structured environments, advocacy and support for community functioning. A Call for Participation was posted in visible locations (e.g., common living area) at two CRFs, and I held a 60-minute information session at each CRF. Attendees completed a form indicating interest in the study and submitted this paper to a sealed box at the end of the session. Three participants came to the study from each CRF. Separate focus group meetings were held with each group.

Stage 1 focus group interviews and individual interviews were held in two locations (referred to as CRF1 and CRF2). CRF1 provided a private room where focus group interviews and individual interviews were held. Focus group interviews with the CRF2 participants were held in a private room in the Simon Fraser University (SFU) library. Individual interviews for this group were held in a private office at the CRF.

Recruitment of participants for Stage 2 also utilized a purposive sampling strategy. The Stage 2 Recruitment Poster (see Appendix I) was circulated throughout organizations[24] that work with potential participants and/or that are contracted to run CRFs in British Columbia.[25] These organizations posted the Recruitment Poster in visible and common areas, and/or potential participants were informed of the study through the House Manager. The recruitment strategy was expanded to include a snowball sampling method because former prisoners are not easily identifiable or

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[23] Although CRFs house both federal and provincial offenders on conditional release, the study sample includes only former federal prisoners (See Section 3.3.1.).

[24] Organizations included B.C. Borstal Association, Harbour Light, The John Howard Society of the Lower Mainland of BC, The Salvation Army, and Westcoast Genesis Society.

[25] See Section 3.4. for a discussion of gatekeepers and steps involved in obtaining organizational support.

accessible, and they are often cautious with whom they share their experiences. I shared the Stage 2 Recruitment Poster with former prisoners known to me, via personal communication and social media (i.e., I posted it on my Facebook wall). I also distributed the Recruitment Poster to my own personal and professional contacts, who forwarded it to potential participants known to them and to their own personal and professional contacts for further circulation. Stage 2 participants contacted me through CRF House Managers or directly by telephone. Eleven participants participated in Stage 2.

In selecting a location for the Stage 2 individual interviews, I was mindful that the location would have to provide safety while providing enough privacy for participants to feel comfortable sharing. Some interviews were held in a private room at the supporting organization or at a public library. Some participants felt more comfortable outdoors (e.g., at a picnic table) at the CRF and other participants preferred to meet at coffee shops or restaurants. Four interviews were conducted via Skype, and one was conducted via FaceTime.

All participants received a $10.00 Tim Hortons gift certificate and a Certificate of Participation in recognition of their contribution to the study.

3.3.4. The Sample

Seventeen men participated in this study. Participants ranged in age from 35 to 69 years with an average age of 55 years. The majority of participants (71%) were over 50 years of age. Table 3-2 provides ranges of participants' ages. All participants were living in the community (See Chapter 5).

Table 3-2   Participant ages

Age Range (in years)	Number of Participants
> 60	8
50 - 59	4
40 - 49	3
30 - 39	2

3.4. Ethical Considerations

Three types of ethics are important in qualitative research (Tracy, 2010). These include procedural ethics, which refer to institutional requirements; relational ethics referring to respect and dignity between researcher and research participant and requiring researchers to be mindful of the impact of their character and actions on research participants; and situational ethics, referring to consideration of the greater good, having specific regard for emerging circumstances in the carrying out of research steps. I incorporated procedural, relational and situational ethics throughout the study, particularly in light of population vulnerability and the sensitivity of the research topic.

Ethics approval from SFU's Office of Research Ethics was granted for Stage 1 on November 13, 2015 and for Stage 2 on February 19, 2016. In addition to institutional approval, I obtained formal and informal approvals and relational support from various organizations, recognizing that these organizations and their representatives could help or hinder the research "depending on their personal thoughts on the research, its value, and their approach to the welfare of the people under their charge" (Reeves, 2010, p. 317). Negotiation of access was required at three gatekeeper levels.

First, I emailed the Executive Director (ED) of seven organizations requesting a meeting to discuss the study, provide information, and build rapport with them as a primary gatekeeper, to obtain the support of the organization. Four EDs confirmed organizational support during these meetings and one confirmed organizational support by email. Organizational support included distributing recruitment posters throughout the organization and posting them in CRFs, contacting House Managers (HM) to confirm organizational approval and support, and providing access to facilities to conduct interviews, including the provision of site-specific safety precautions (e.g., interview room in CCTV monitored area; electronic personal protection device).

Next, I met with the HM of CRFs to negotiate access to potential participants and facilities, and to build rapport. While the support of organizational EDs was essential to gaining access and assisted with the credibility of the study with HMs, it, alone, was not adequate. Meeting with HMs constituted a critical step in the recruitment process. Overall, managers expressed support, but some required a discussion regarding potential risks to participants, management of those risks, and my qualifications as a

researcher, to address those risks. For example, one HM required that I provide a researcher biography and outline steps to minimize potential psychological harm to participants, to satisfy her concern regarding the welfare of "her" residents should they participate in my study. On receipt of this information, the HM provided full support for my study.

The third gatekeeper level was informal. While two participants contacted me to participate in the study and indicated that they were informed of the study by their parole officer, I was approached personally by two other parole officers requesting detailed information about the study, institutional (university) support/approval and my credentials, to "permit"[26] their parolees to participate.[27]

3.4.1. Informed Consent

All participants gave informed consent to participate in the study. At the beginning of the first Focus Group interview (Stage 1), and Interview #1 (Stage 2), I discussed ethical issues pertaining to this study by reviewing the consent form (see Appendix J, Stage 1; & Appendix K, Stage 2) and inviting participant questions to ensure understanding. I ensured that ethics information, specifically limits to confidentiality, the ongoing voluntary nature of participation in the study,[28] foreseeable risks to participants, and safeguards against psychological harm were clearly communicated to participants prior to their provision of consent.[29] All but one participant provided written consent before proceeding with the focus group and interview; all participants were offered a copy of the signed consent form. One participant who was interviewed via Skype, was provided the informed consent form via email, and signed and returned the form prior to

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[26] Intensity and level of monitoring and supervision varies between prisoners and between parole officers (see Griffiths & Murdoch, 2018). In some cases, participants indicated that their parole officers 'approved' their participation in the study; however, this approval was not a formal requirement because all participants had been released from prison.

[27] Both parole officers granted permission for "their" parolees to participate in the study.

[28] This step was particularly important to ensure that participants were *informed* of the study rather than pressured into participation by House Managers, who are in a position of power over CRF residents (see Webster, Lewis & Brown, 2014).

[29] This step was particularly important in light of the high prevalence of poor education (and often illiteracy) among prisoner populations (Griffiths & Murdoch, 2018).

commencement of the first interview.[30] To ensure ongoing, voluntary consent, I asked participants at the end of each focus group interview and individual interview, whether they wanted to continue participation prior to scheduling the next focus group interview.

3.4.2. Confidentiality vs Autonomy

I informed all participants about steps taken to safeguard confidentiality (see Section 3.4.1.), and all participants were offered the option to select a pseudonym. Most men indicated that they preferred that I choose a name; however, Joey selected a name that, I determined, would almost certainly identify him given its unique nature and connection to his past. Peter requested that I use his real name, explaining, "I am living with truth now…everything I share with you is straight up anyway, so I'm not hiding anything." Although I further discussed potential risks with him at the time, Peter insisted:

> What I say is real and I'm not looking to have it cloaked and daggered. It's just straight up stuff and you can say that too. You can say, "He wanted me to be straight up solid with what I'm sharing."

These situations presented an ethical dilemma for me. Researchers are ethically bound to do everything possible to ensure participants cannot be identified from the data whenever confidentiality has been assured. Some scholars, however, point out that de-identifying data against the wishes of the participant may represent a denial of participant autonomy (Giordano, O'Reilly, Taylor, & Dogra, 2007), depriving them of what may be an "opportunity for empowerment" (Hesse-Biber & Leavy, 2011, p. 70). Ryen (2011) states that responding to ethical dilemmas requires responsivity to the participants on a "study by study basis" (cited in Webster et al., 2014, p. 106), and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) notes that core ethical principles are "complementary and interdependent" and the way they are applied and weighted must take into consideration the nature and context of the particular research (Canadian Institutes of Health Research, 2014, p. 6). I considered the following issues: (i) the TCPS2 notes that the welfare of a participant includes, among other factors, their mental health, security, social circumstances, and "other aspects of life" (p. 7); (ii) I had provided reassurance to all participants that the research

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[30] Although the informed consent form was provided to the participant prior to the interview, I also reviewed ethics issues with this participant at the beginning of Skype interview #1, to ensure clarity and understanding.

was not, in any way, affiliated with CSC, and that CSC would not have access to information shared.[31] Many participants indicated this to be particularly important in their decisions to participate and in their level of sharing. For example, Martin reflected on his own participation: "It surprised me that I was as open and as forthright as I was, but it helped knowing that you aren't associated with CSC in any manner"; and (iii) at least one of the men in the study shared his experience of negative consequences arising when particular members of the public learned of his release from prison. It was impossible to predict actual harm associated with participant identification, but potentially significant *risk of harm* was foreseeable and predictable in this study. I therefore chose and assigned pseudonyms for these men.

3.4.3. Potential Risks and Benefits

Research that involves sensitive information or in-depth explorations of participants' personal lives or experiences holds the potential for harm for both participants as well as the researcher (Corbin & Morse, 2003; Liebling, 1999). I incorporated distinct procedures to mitigate harm throughout the research process.

Physical Risks

The threat of physical harm to participants was minimal. Conducting focus group and individual interviews with offenders, however, holds potential risk to the researcher. To address this risk, careful attention was paid to location and visibility. Focus group interviews took place in meeting rooms in a CRF or university library, and CRF staff and university security were informed of meeting times and locations. Individual interviews were conducted in locations carefully selected for privacy while ensuring that I was in the line of sight of others. Some CRFs provided a personal protection device which I wore during the interview. These steps provided privacy for open and honest discussion, and security for me to raise an alarm, if necessary. I also provided my supervisory committee with my itinerary and appointment times and messaged them when interviews concluded.

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[31] This refers to assurance provided to participants regarding confidentiality, de-identification of raw data, using pseudonyms, and taking all steps possible during all aspects of the study, including data generation, analysis and final reporting, to protect the identity of participants to the fullest extent permitted by law.

Psychological Risks

To minimize the risk of psychological harm to participants, I informed potential participants of the nature of the study prior to focus groups and interviews, clearly stating the research topic on the Recruitment Poster, and providing details of the study, including examples of interview questions, at the Information Session (Stage 1), and during initial contact (Stage 2). Corbin & Morse (2003) point out, "emotionally fragile persons and those who feel they can't talk about a problem usually don't volunteer to be interviewed" (p. 338). Providing as much detail as possible in advance allowed potential participants to make an informed decision about their participation, to be psychologically prepared to discuss sensitive topics, or to refrain from participation. I also followed the direction of Mission Institution's Chaplain Makato J. Watanabe (personal communication, 2015) who recommended that the initial meeting include a suggestion that participants speak with a personal support person (e.g., co-resident, family member) they trust and feel comfortable with for reflection or assistance should the need arise. All participants were provided with a Resource List for access to free crisis and counselling support services if required during or following the study.

Ensuring that participants maintain control throughout the process helped mitigate potential psychological harm. I reminded participants of agency and control at the beginning and end of each focus group and interview, and they decided what questions to answer, how much information they wanted to share, and whether they wanted to share information at all. I incorporated "ethical mindfulness" (Guillemin & Heggen, 2009) and Logstrup's (1997) conceptual tool of the "zone of the untouchable" (cited in Guillemin & Heggen, 2008, p. 294), balancing exploration of participants' personal "sphere of integrity" (p. 295) with respect for the vulnerability and privacy of participants. I also incorporated Fallot & Bebout's (2012) core assumptions of trauma-informed, gender-responsive care, noticing behavioural indicators of distress (e.g., tapping, use of humour, abrupt changes in topic or tone, physical discomfort) to assess stress levels, change the topic or refrain from further probing. For example, the particular tone of a "no" response was interpreted as a cue to refrain from further probing and tapping by one participant was interpreted as a cue signifying entry into a sensitive zone. One participant exhibited specific behaviours (i.e., placing his work-boot laden feet on the desk during initial stages of the interview) to ameliorate the retriggering of trauma:

> I just want to be comfortable, if you don't mind. I want to be comfortable cause it's, like it's not you, but it's like - I'm trying to be assertive, in a good way. It feels like years ago, I'm in a police interrogation room, they got the microphone, you know? … It's like, it's a one-on-one. You got the tape recorder going, it's like a police interrogation. Not that you're doing that or anything, that's just the first thing that comes into my mind. (Dave)

Research indicates that potential risk for psychological harm or distress applies to both participant and researcher in qualitative research of sensitive topics (Dickson-Swift, James, Kippen, & Liamputtong, 2008; Liebling, 1999). Connolly and Reilly (2007) suggest this is particularly true in the "emotional texture" (p. 527) of trauma research, where researchers must "[have] 'the heart and soul' to hold these narratives, voices, and stories" (p. 528). I experienced such emotions and often left interviews psychologically exhausted and emotionally overwhelmed, particularly interviews where participants shared their stories of CPT. Despite my understanding of the need for self-care to moderate the distress of hearing painful stories of childhood trauma and abuse, and prison life, my experience of distress confirms Liebling's (1999) findings that avoiding the pain or emotion of such research accounts is impossible. I therefore followed the suggestions of experienced scholars (Connolly & Reilly, 2007; Cowles, 1988; Liebling, 1999), mitigating the distress by limiting the number of interviews per week and maintaining a personal journal in which I entered reflections immediately following interviews and at various times during the research process when thoughts and feelings of processing surfaced. I also heeded the advice of Connolly and Reilly (2007) to "cultivate reflective alliances to not only debrief the research experience but to create a safe 'unloading zone' for the emotionality that emerges" (p. 534). I held debriefing sessions with another researcher who specializes in traumatized populations, and with two health care practitioners who work with traumatized populations.

Benefits

In-depth interviews provide potential anticipated and unanticipated benefits to individuals who participate (Hutchinson, Wilson & Wilson, 1994). For example, Hutchinson et al., (1994) explain that the opportunity for disenfranchised individuals to share their stories provides benefits of catharsis, self-acknowledgement, a sense of purpose, empowerment, healing and having a voice. Numerous scholars point to the therapeutic, meaning-making function of in-depth interviews, and an increased ability for reflection and improved behaviours in the future (Copes, Hotchstetler & Brown, 2012;

Rossetto, 2014). Specific benefits to prisoners include emotional benefits, knowing that they may be contributing to potential improvement in the lives of incarcerated individuals in the future, an increase in self-worth, and therapeutic value in the ability to discuss details of their lives honestly and openly (Copes et al., 2012). Participants indicated that these benefits were particularly true for them. For example, Joey explained:

> Um, it [participation] was interesting for me. … I like to do this because I hope that it contributes something to understanding and knowledge somewhere down the line, and it's also a good experience for me…it gives me an opportunity to reflect on my past, and where I've been and where I am and where I hope to go. Um, so I get more in tune with myself by doing this, and I'm also able to … gain some emotional processing when I get into some of the challenging stuff from my past that, you know, sharing it and letting it out … helps me to be lighter in my life, right? Um, so it's good for me that way. And it's good for me to try, you know when I have the questions, to kind of guide my curiosity or my thoughts in a direction that maybe they haven't gone before. It gives me a chance to kind of reflect on a different perspective on things … I think, the more perspectives we take on something, you know, I mean, we can never really fully know it because we just know our perspective. So the more perspectives we have the more understanding we have, I think. So I like it. I really do. Mental exercise.

3.5. Situating the Researcher

Reflexivity forms a crucial component of phenomenological research (Laverty, 2008; Tracy, 2010), and interpretive phenomenologists intentionally identify and reflect on their own experiences and assumptions, as researcher subjectivity plays a particularly integral role throughout the research process (Finlay, 2008; Laverty, 2003). I engaged in the "complicated, paradoxical and layered" (Finlay, 2008, p. 17) process of critical self-awareness, or "methodological self-consciousness" (Finlay, 2002, p. 210), to continuously evaluate how my pre-understandings influenced aspects of my research. In doing so, I was able to remain open to my own preconceptions that might result in "premature…one-sided understandings" (van Manen, 2002 in Finlay, 2008, p. 17), rather than understanding the lived experience of participants.

Finlay (2008) and Tracy (2010) emphasize the importance of positioning oneself to enhance rigor, credibility, and sincerity of the research, and Kirby et al. (2006) refer to this as making explicit the researcher's "conceptual baggage" (p. 68). I am a middle-aged, White woman raised in an upper-middle class home. I divorced after a decade and a half of marriage in which both I and my children experienced abuse. I earned an

interdisciplinary Bachelor of Arts (Honours) and a Master of Arts degree while raising two teenagers as a single mother. During this time, my summer employment included work as a policy analyst in a provincial department of justice. I have been active in the RJ community for over 15 years, which includes volunteering as a member and co-chair of youth justice committees, participating in RJ workshops and weekly circles in a minimum-security federal prison, working with prisoners to assist them with reintegrative processes, and teaching at the university level.

My education, volunteer and employment experiences provided insight into the background of many young offenders (i.e., broken homes and/or abuse in the home) and provided empirical understandings of how widespread these issues are. These experiences highlighted similarities in the lives of young, male offenders and the men held in federal prisons, and underscored the relevance of the criminal trajectory. I saw many of the prisoners as "older versions" of youth I encountered on youth justice committees and developed an aspiration to understand the impacts of childhood psychological trauma and the criminal trajectory. Witnessing prisoners' journeys of gradual release while concurrently studying the impacts of CPT peaked my curiosity of how these men experienced healing in such dangerous and volatile places. I *saw* that, at least at some level, healing *does* occur in that environment, and thus expanding on factors that facilitated that healing became particularly interesting to me.

Shank (2006) emphasizes that validation in qualitative research requires the explicit transparency of the researcher's ontological and epistemological assumptions. The primary ontological and epistemological assumptions I hold are: (i) reality is an individual, socially constructed concept, open to subjective interpretation within a particular social context; (ii) knowledge is gained through an inductive process; (iii) personal narratives can be more revealing than fact-finding endeavours because they reveal values and cultures, and because they influence behaviours; and (iv) a critical perspective, including intersubjective social knowledge, is important to examine the role of societal structures and power relations, particularly regarding inequality and marginalization of prisoners.

Edwards and Ribbens (1998) assert that researchers do not require personal experience with the research topic to understand participants' experiences (Kirby et al., 2006, p. 38). On the other hand, acknowledging that participants may be comfortable

with a relative outsider, Kirby et al. (2006) point out that identifying closely with the participant group may enhance access, rapport, and participant responsiveness. Participants in my study clearly indicated that my personal and volunteer experience qualified me as an "insider" which enhanced their trust and willingness to share openly:

> I mean, at the end of the day, um, [participation] was a little better because I met you before. And um, the, your history is something that is important and you are respected and um, the people that you worked with before are also respected and people that I know did some really fine work, good work, and that had a strong bearing on my belief that uh, that not only could, would I participate, but I think that your research is important. (Ed)

At the same time, my "outsider" status as a woman, conducting research with male participants, and as a "tourist" (i.e. with *limited* exposure to the prison environment) (Peter) enhanced their desire to explain and clarify their experiences.

3.6. Data Generation

3.6.1. Focus Groups

This study involved focus groups, in-depth, semi-structured interviews, and questionnaires in Stage 1, and in-depth interviews and questionnaires in Stage 2. A total of three focus groups were held, one at CRF1 and two at CRF2. The CRF1 focus group lasted 45 minutes, and each of the CRF2 focus groups lasted 1.5 hours. Focus groups were recorded with the permission of all participants, and I utilized a semi-structured focus group guide.

3.6.2. Interviews

Semi-structured, in-depth interviews were held with each participant. The number of interviews was dependent on the stage of the study. Stage 1 participants participated in two interviews, and Stage 2 participants participated in 3 interviews. In total, 44 interviews were conducted with 17 men. Interview length ranged from 15 minutes to 2 hours and 40 minutes, with an average length of 1 hour and 20 minutes.

I incorporated the recommendations of Fallot and Bebout (2012) into all interviews to increase disclosure while reducing the potential of "tap[ping] into men's

fears of appearing weak" (p. 166). For example, explaining that men are socialized not to show vulnerability and are unlikely to acknowledge 'victimization' because it makes them appear weak - a direct insult to their masculinity,[32] Fallot and Bebout (2012) indicate that questions about history of 'exposure to violence' elicit greater disclosure than using terms such as 'abuse or trauma' (p.166). I incorporated these recommendations, using trauma-informed, gender-responsive language including phrases such as "violence in childhood" rather than "abuse" or "trauma."

I also prefaced all interviews by providing data about the pervasiveness of violence against men, especially boys, which often makes it easier for men to discuss their histories (Fallot & Bebout, 2012). Miner-Romanoff (2012) states that criminal offenders often feel misunderstood and uncared about, resulting in "monosyllabic or superficial" responses (p.18), and that researchers should pay attention to putting participants at ease and building trust before and during interviews. Trust-building and increasing participant comfort may be facilitated by disclosure of the researcher's relevant background (Miner-Romanoff, 2012), and I therefore prefaced Interview 1 with a brief summary of my relevant personal, professional and volunteer experience and interest in the research topic. I also began each interview with a brief "warm-up discussion" (Pietkiewicz & Smith, 2014, p. 10) to ease participants' anticipatory tension, and used debrief or 'cool down' discussions to reduce tension and feelings of emptiness commonly experienced by participants who share personal and emotional experiences (Kvale, 1996). I prioritized conversational flow and participant comfort over utilization of interview guides, and therefore questions and probes were asked in a "convenient" rather than sequential order (Pietkiewicz & Smith, 2014, p. 11), which differed among participants.

Fallot and Bebout (2012) point out that any discussion of trauma with male survivors must include the flexibility to "follow the consumer's lead" and allow for gradual adaptation to emotional engagement because men have difficulty labelling and describing emotions, and because emotional expression for male trauma survivors often involves "all-or-nothing responses" or "hard-shelled withdrawal" (p. 169). This need for flexibility was relevant in some interviews. For example, after beginning to share his

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[32] See Fallot & Bebout (2012) for a discussion of disconnection dilemma, which refers to the socialization of men to appear tough and powerful, often requiring them to disacknowledge experiences in which they were vulnerable or powerless.

personal story of CPT, one participant interrupted the interview and asked to reschedule. I interpreted this to be a possible indication of retriggering past traumas and rescheduled the interview for the following week. Following Fallot and Bebout's (2012) advice to ensure a working relationship is established before revisiting questions, I began the following interview by asking the participant ways in which we could work together to ensure his emotional safety, and the interview proceeded. A second participant indicated early in the third interview that he had experienced a personal crisis and felt unable to connect emotionally with the discussion topic, and requested a fourth interview, which was conducted.

For personal reasons, one Stage 2 participant completed only one interview. During that interview he provided data addressing various aspects of all three interview topics and indicated that he wanted his data to be included in the final analysis.

3.6.3. Questionnaire

To ensure that the structured nature of the questionnaire did not impede the semi-structured and conversational nature of the interview (Kvale, 1996), careful attention was paid to both the design and delivery of the questionnaires. For example, "surface level" opening questions were designed to "ease participants gently" into discussion (Arthur, Mitchell, Lewis & Nicholls, 2014, p. 151) and careful attention was paid to ensure wording was consistent with prison jargon (Palys & Atchison, 2014). I remained flexible in the delivery of the questions, and in most cases responses to the questionnaires elicited sharing of lived experiences. A trauma-informed, gender-specific approach (see Section 3.6.2.), involves following the lead of men as they discuss trauma related issues to ensure comfort and ability for disclosure. Therefore, sharing of stories during questionnaire completion was encouraged. Accordingly, in many cases, questionnaires were completed in a conversational fashion at the beginning of the interview but in some cases completion of the questionnaire was interspersed throughout the interview.

3.7. Data Analysis

IPA provided the framework for my data analysis. The IPA framework is well suited to develop an "insider's perspective" (Larkin, Watts & Clifton, 2006, p. 103) of the

lived experiences, to understand the meaning of those lived experiences for participants, and to "deliver [it] in a meaningful fashion" (p. 103). While there is no single, prescribed method for conducting IPA, Smith et al. (2009, p. 79) explain that IPA is characterized by the following features:

1 Analysis is idiographic, moving from perspectives of individual participants to shared perceptions;

2 Analysis moves from descriptive accounts of experiences to interpretation of the meaning of those experiences;

3 Analysis is principled on a commitment to participant voices and a psychological focus on personal meaning-making and context;

4 Analysis is principled on a commitment to an iterative and inductive cycle.

Further, IPA encompasses a commitment to a "double hermeneutic" process (Smith et al., 2009, p. 35) which requires the researcher to "step into the participants' shoes as far as possible" (Pietkiewicz & Smith, 2014, p. 11) while recognizing that IPA maintains a tentative and subjective aspect, always reflecting "an account of how the analyst thinks the participant is thinking" (Smith et al., 2009, p. 80). Therefore, IPA requires continuous interpretive analysis and personal adaptation and flexibility (Smith & Osborn, 2007), while paying careful attention to a dialogical, systematic, rigorous, traceable process of analysis (Smith et al., 2009).

3.7.1. Transcription

Focus Group Interviews and Individual Interviews were recorded and transcribed verbatim. Recognizing that transcription begins the analytical process (Smith & Osborne, 2007) and can have a powerful impact on understandings and interpretations of the data (Oliver, Serovich, & Mason, 2005), I employed a combination of "naturalized and denaturalized approaches" (p. 1254). This strategy included making notes in transcripts of important "involuntary vocalizations" (e.g., laughter, crying, heavy sighs, intonation), "response tokens" (e.g., um, uh, uh-huh, hmm), and "non-verbal vocalizations" (e.g., fidgeting, tapping, hesitation, significant pauses) (p. 1283), to add clarity, context and depth to understandings. To reduce powerful recollections, ideas and connections that can be emotionally overwhelming during transcription (Smith et al., 2009), I engaged in Smith et al.'s process of "noise reduction" (p. 82), maintaining a reflective memorandum

to record ideas and capture first impressions, while suspending them for further consideration after transcription was complete.

I removed common identifiers (e.g., name, contact information, locations) from transcripts;[33] however, the personal and unique nature of data in research involving sensitive topics makes it particularly vulnerable to participant identification (Brannen, 1988). Recognizing that, in their entirety, transcripts contained sufficient information (i.e., personal experiences) to possibly reveal identities, I utilized an encryption program that allowed me to store data and work within that program.

While listening to the recording of interviews, I transcribed discussions emerging during questionnaire completion, so they could be included in coding and analysis. I also confirmed that 'pure' demographic responses were accurate on the questionnaire and omitted them from the transcript.

3.7.2. Coding

I began transcript analysis by conducting free or open coding (Larkin & Thompson, 2012), which involved reading a hard copy of the transcripts, noting initial commentary in the margins. The aim of this step was to become as familiar as possible with each participant's account, noting in the margins anything interesting or striking that mattered to the participant, including, but not focusing on, preliminary emerging themes (Larkin & Thompson, 2012; Smith & Osborn, 2007). I then uploaded de-identified transcripts into NVivo, a qualitative data analysis software program, and conducted a line-by-line reading of each transcript, 'dragging and dropping' meaning units (e.g., words, phrases, sections) into 'nodes' or categories which emerged from the text. I completed the initial coding of all Interview 1 transcripts[34] before proceeding to code Interview 2 transcripts, followed by Interview 3 transcripts.

I created an Excel spreadsheet to record biographical and demographic information. This information was categorized into four domains, including personal, pre-

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[33] In addition, basic data management strategies, including secure storage of content files, restricting access to data (Webster et al., 2014) and maintaining an encryption program for data storage (Palys & Atchison, 2014) were employed to ensure confidentiality.

[34] Throughout analysis, I use the term "Interview 1 transcripts" to also include focus group interview 1 transcripts.

prison, prison, and reintegration. Table 3-3 provides details of the information recorded in each domain.

Table 3-3   Biographic & demographic information

Personal	Pre-prison	Prison	Reintegration
Age at interview	Age at offence	Conviction	Time since release
Date of birth	Prison entry age	Time served	Living arrangement****
Place of birth	Sentence	Institution(s)	Employment status
Ethnicity	Lived with (?)	Security level(s)	Family contact
Siblings	Type of abuse*	Time in solitary confinement	
Sibling ages	Abuser(s)	Education	
Mother's occupation	Marital status	Employment training	
Father's occupation	Institutions**	Prison status***	
	Education level		

*   Abuse was categorized as physical, psychological, sexual and/or neglect.
**   Includes juvenile detention centers, group homes, and psychiatric facilities.
***   Current prison status included day/full parole, warrant expired
****   Includes community residential facility, independent living facility, independently living in the community

3.7.3. Data Subsets

To facilitate data management and to answer the primary research questions, I developed master categories of "impacts of CPT prior to prison" and "impact of CPT in connection to prisoner experiences and healing." I then examined patterns and connections, allowing themes to emerge within each master category. Realizing, however, that I was feeling disconnected from the overall lived experiences and that, as Kvale (1996) cautions, "originally lived face-to-face conversations [were] disappear[ing] in endless transcripts, only to reappear butchered into fragmented quotes" (p. 182), I developed analytical steps (described below) to reconnect with the depth and detail of the experiences, and with context contained within the data.

I focused on Interview 2 transcripts first because these transcripts contained childhood experiences and impacts of CPT. I created 'participant profiles,' which included a detailed summary of childhood and pre-prison trauma and a brief outline of prison details. Recognizing the nature of experiences provided in Interview 2, and the foundational aspects of these experiences in discussing subsequent prison experiences, I created two distinct data subsets; data subset 1 (DS1) included Interview 2, and data

subset 2 (DS2) included Interviews 1 and 3. DS1 contained data regarding pre-prison experiences and perceptions, and DS2 contained prison and post-prison experiences and perspectives. At this stage, I worked with these data subsets in sequence, to identify themes, examine connections and patterns between individual cases, and develop super-ordinate themes within each subset. NVivo proved useful for recognizing initially emerging themes and was helpful in the later stages of analysis where 'revisiting' transcripts was necessary. However, to maintain connection with the context and experiences of participants while conducting the idiographic analysis outlined by Smith et al. (2009), I recoded my data manually, and conducted my analysis using NVivo as a supplementary tool. More specifically, manual coding allowed me to understand details and events within the context of larger experiences, or lives, of participants.

3.7.4. Themes

I began the re-coding of individual transcripts with DS1, noting initially emergent themes in the margins. Rather than conducting a detailed thematic analysis to develop super-ordinate themes within individual cases, I heeded the recommendations of Smith et al. (2009) regarding work with large datasets to conduct cumulative coding (Larkin et al., 2006, p. 116). To do so, I identified emergent themes at the case level, and then moved directly to "integrative coding" (p. 116) to discover patterns, connections, commonalities and relationships between cases, identifying super-ordinate themes at the group level. Specifically, once themes emerged within individual cases, I moved to cross-case analysis. As themes emerged, I engaged in "abstraction" and "subsumption" (Smith et al., 2009, p. 97), grouping themes together under conceptual super-ordinate themes, and allowing emerging themes to evolve into super-ordinate themes. I decided that for a theme to be classified as "recurrent" (p. 107) and to be identified as a super-ordinate theme, it must have been present in at least 60% of all participant interviews. I assigned numbers to participants and used Excel to create a master table of all super-ordinate themes to establish recurrence. Table 3-4, below, is an example of the master table containing two DS1 super-ordinate themes to illustrate recurrence.

I repeated this process for DS2 to identify super-ordinate themes and to create a master table reflecting these themes. In almost all cases, in both data sets, the recurrence rate of super-ordinate themes was greater than 80%.

Table 3-4   Example of cross-case analysis

Super-ordinate theme	Emergent Themes	Number & Percentage of participants
Alone in the world	Fear of family betrayal: 4, 6, 7, 8, 12 Attempt to seek help: 4, 5, 6, 8, 9, 16, 17 (within family 5, 6, 9) (outside family 4, 8, 16, 17) No faith in availability of help: 10 Denial or normality of abuse: 2, 3, 15 Sexual abuse as 'especially' alone: 5, 7, 11, 13, 15, 17	15 (88%)
Methodical impulsivity	Resist abuse: 1, 4, 5, 6, 7, 8, 9, 12, 15, 16 Revenge seeking: 3, 5, 9, 10, 13, 14, 16, 17 Reputation building: 3, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 17 Relieve anger/emotions: 2, 5, 8, 10, 12, 13, 15, 16, 17	17 (100%)

While I present the process above as a linear one, the actual process was iterative and recursive. Consistent with Smith (2011) and Larkin and Thompson (2012), working through participants' transcripts and identifying emergent categories and themes involved revisiting previous assessments, merging conceptually similar themes, and renaming themes in light of new findings, relationships and connections. For example, working with DS2, I initially created the categories, "Prison" and "Post-Prison," to understand factors of healing in prison and during/after release. Early in the analytic process, however, I found similar themes emerging in these categories, and I determined that separating these categories provided no analytic or thematic purpose. I therefore collapsed them, merging the supporting thematic evidence.

I followed the direction of Smith et al. (2009), who recommend the compiling of transcript extracts. I compiled transcript extracts on poster-sized paper, which I was then able to continuously display. This visual compilation facilitated my "living with the data" (Kirby et al., 2006, p. 235), enhanced the development of super-ordinate themes, and assisted in the process of recognizing and analyzing subsequent relationships and interconnections. I paid attention to context, often returning to previously coded transcripts and moving between hard copy and electronic (NVivo) data. Through this iterative process, I produced a detailed analysis including convergence and divergence, as well as commonality and individuality (Smith et al., 2009).

Once super-ordinate themes and master tables were created, I developed a graphic to represent DS2. This graphic assisted my movement through the "ladder of abstraction" (Bazeley, 2009, p. 13), or moving from identification and description to interpretation and explanation and it was useful in developing an understanding of the interconnections between super-ordinate themes. Consistent with Smith et al. (2009)

and Bazeley (2009), I found this graphic useful in the presentation and discussion of thematic analysis and results. This graphic is presented in Chapter 5 (see Figure 5.1.).

3.8. Quality of the Research

Quantitative researchers have traditionally relied on reliability, validity, and generalizability, referred to as "the scientific holy trinity" (Kvale, 1996, p. 229) as indicators of quality scientific research, while qualitative researchers have debated evaluation criteria that more effectively reflect the "paradigmatic underpinnings" (Morrow, 2005, p. 250) of their research. Lincoln and Guba's (1985, 2000) seminal work offered the concept of trustworthiness as an alternative to the positivist approach to validity and reliability (Shank, 2006). According to these scholars, trustworthiness refers to "the degree to which we can depend on and trust given research findings" (p. 115), and includes four complementary factors of dependability, credibility, transferability, and confirmability, as well as the additional factor of authenticity[35] (Shank, 2006).

While the seminal offerings of Lincoln and Guba (1985) have been widely accepted (Shenton, 2004), and utilized as evaluative criteria for qualitative research, there has been extensive discussion among scholars regarding evaluative qualitative criteria, particularly regarding validity.[36] For example, Lewis et al. (2014) present validity as an assessment of "how well participants' meanings have been 'captured' and interpreted" (p. 358), and Shank (2006) explains that "validity is always about truth" (p. 111). According to Shank, validity includes the explicit record of the researcher's epistemological position, necessary to present the many "nuances and shades" (p. 112) of truth in the qualitative process.

While some scholars insist on the development of separate and distinct evaluation criteria for qualitative research, the importance of continued discussion to develop "shared understandings" (Angen, 2000, p. 379) to ensure high quality and

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[35] Lincoln and Guba (2000) offer a fifth criterion for trustworthiness (authenticity), which includes fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity. For a discussion of authenticity, see Seale (2002) and Shank (2006).

[36] For example, see Hesse-Biber & Leavy (2011) and Kvale (1996) for a discussion of validity as craftsmanship, communicative validity, pragmatic validity and triangulation as a validity tool; Seale (2002) for a discussion of measurement validity, internal validity and external validity (in Lewis, Ritchie, Ormston & Morell, 2014); and Kvale (1996) for a discussion of stages of validation.

legitimacy of qualitative and interpretive research (Lewis et al., 2014; Shank, 2006) has been emphasized. Seale (2002) maintains that regardless of the research paradigm, "methodological awareness" (p. 108) is required to enhance the researcher's capacity to make sophisticated methodological decisions and recognize consequences of those decisions and must constitute a critical aspect of any study.

Angen (2000), and others (for example, see Lewis et al, 2014; Hesse-Biber & Levy, 2011; Lewis et al., 2014) reconfigured the positivist notion of trust as "validity" to the notion of truth as "validation," which is a process of confirmation achieved by providing "convincing and sound evidence" (Angen, 2000, p. 392). Angen (2000) presented a concept "more appropriate to the epistemological assumptions and goals of the lifeworld ontology in which interpretive research is rooted" (p. 387). Her reconfiguration incorporates arguments that the validity of research should be based on moral soundness and pragmatic concerns (Heshusins, 1994; Kvale, 1996, Mishler, 1990), and that the promise of evaluation criteria in qualitative and interpretive research lay within its relational aspect and the connection of rigour and ethics. Angen (2000) also incorporated arguments of scholars who assert that qualitative rigour, which incorporates the four components of trustworthiness, is one of the most critical aspects of qualitative research (Thomas and Magilvy, 2011). Angen's (2000) presentation of validation as an "evaluation of trustworthiness taking place within a human community" (p. 392) maintains that two broad principles, *ethical validation* and *substantive validation,* should be applied throughout the interpretive research process. I followed these two principles to produce rigour and trustworthiness throughout my study.

3.8.1. Ethical Validation

Angen's (2000) conception of ethical validation requires interpretive researchers to embrace "human moral responsibility" by providing thoughtful, beneficent, and responsible research of the human condition (p. 388). To do so, I incorporated Angen's (2000) three primary components of ethical validation into my research. The first component, *practical lifeworld value* requires that the research be "pragmatically informed" (p. 388), which speaks to the utility of the research. Thomas & Magilvy (2011) refer to this as exploring a phenomenon such that the knowledge produced can contribute to practice, making practice more sensitive to research participants. Recognizing the impact of CPT, particularly the generation and sustaining of criminal

behaviours, and the experienced contribution of healing as a factor in the process of rehabilitation, my study holds considerable value in understanding the rehabilitative needs of offenders. By providing understandings of prisoners' experiences, this study holds informative potential for development of treatment and programming within the correctional setting, and protocols for rehabilitation and reintegration to better address the complex needs of prisoners who have experienced CPT.

The second component, *generative promise,* refers to the potential of the research to extend the horizon of understandings, raise new questions and stimulate new research to "continue the dialogue" (Angen, 2000, p. 388). Little is known about the childhood experiences of CPT in male prisoners in Canada, and their perspectives on healing CPT during and post-incarceration. By presenting unique insight into this underdeveloped area of research, my findings make an important contribution to academic literature while encouraging further dialogue and engagement with this topic.

The third component of ethical validation is the *transformative value* of the study, which refers to its "action capacity" (p. 389) to act as a catalyst for positive change for the community and for the target population. This study holds transformative potential for each of the participants. Extensive literature indicates that the opportunity to share their stories often results in transformative experiences for research participants (see Section 3.4.3.). Some of these experiences include catharsis and empowerment (Hutchinson et al., 1994), enhanced meaning-making and ability for reflection (Copes et al., 2012; Rossetto, 2014), self-awareness, inspiration, a voice for the disenfranchised and a desire to create positive change (Varallo, Berlin Ray & Hartman Ellis, 1998). In addition, prisoners often experience an increase in self-worth and find therapeutic value in the opportunity to discuss their lives honestly and openly (Copes et al., 2012). This study also holds transformative power for the community, providing an opportunity to better understand and appreciate the experiences and needs of prisoners who have experienced CPT, and the importance of healing in rehabilitative processes. This may include a range of community stakeholders, including policy makers and service providers as well as community members whose influential and supportive capacity during incarceration and reintegration may be enhanced as they become "more sensitized to, or enlightened about, the human condition" (Angen, 2000, p. 389).

3.8.2. Substantive Validation

Angen's (2000) second principle of quality interpretive research, substantive validation, refers to the assessment of the "trustworthiness or goodness" of an interpretive study through a visible "accounting of the processes" employed (p. 390). The four components included in this principle are incorporated into my study. The first, a *commitment to self-reflexivity,* is defined by Pillow (2003) as "an ongoing self-awareness during the research process which aids in making visible the practice and construction of knowledge within research in order to produce more accurate analyses of [the] research" (p. 178). Committing to reflexivity, I engaged in introspection, intersubjective reflection, and mutual collaboration (Finlay, 2002) throughout the research process.

My process of introspection began with the initial formulation of the research project, as I reflected on the "intense interest and passionate concern" (Moustakas, 1990, in Finlay, 2002, p. 213) that drove development of this research and as I situated myself in the research (see Section 3.5.). Introspection continued as I utilized field notes, a reflective journal and memos, and as I engaged in an informal weekly two-hour debriefing session (primarily during fieldwork) with a peer researcher conducting her own independent phenomenological research. These practices allowed me to enhance links between interpretation, experience and social context (Finlay, 2002) by purposefully[37] uncovering personal reactions and biases and using them as a "springboard" (p. 215) for the presentation of participant experiences. Through intersubjective reflexivity (Finlay, 2002), I explored mutual meanings that emerged with the participant/researcher relationship, and I examined "[my]self-in-relation-to-others" (p. 216) where necessary. Intersubjective reflexivity was particularly relevant as it affected participants' willingness to discuss painful and difficult topics. I employed reflexivity as mutual collaboration (Finley, 2002), confronting and modifying my own understandings and interpretations as a result of participant interpretations and perspectives. Reflexivity as mutual collaboration was essential from research development to the presentation of the final dissertation; for example, following the advice of Larkin and Thompson (2012), I sought the input of a former prisoner in criteria development, to provide "sample validation" (p.

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[37] I paid particular attention to the work of Finlay (2002), who cautioned researchers about the necessity of striking a balance between the essential task of striving for enhanced self-awareness and the engagement in "infinite regress" and "legitimized emoting" (p 215), limiting personal revelation by considering its usefulness in providing connections and links relevant to the data.

112). I also collaborated with participants in the data generation stage (see Section 3.3.2. and Section 3.6.) and I recognized participants as co-creators of understandings and interpretations while conducting fieldwork as well as "co-authors" (Kvale, 1996) throughout data analysis and writing, by engaging in consistent dialogue with the interview text and the inclusion of quotations to highlight participants' voices.

Substantive validation requires the *seeking of disconfirming cases and conflicting understandings*, by remaining open to alternate explanations or expansive interpretations. I identified primary themes and discussed similarities across cases as well as similarities and differences within cases, in the manifestation of themes. I also identified and explored disconfirming cases and included them in the analysis and presentation of my findings.

The third component of substantive validation is careful consideration of *language*. The "constitutive force" Richardson (1990 in Kvale, 1996, p. 270) of language plays an important role in understanding and presenting the reality of participants, and I addressed this in three ways. First, I took notice of the cultural meanings of words during interviews, intentionally asking questions to ensure an understanding of the meaning of participants' specific words. Second, while maintaining "interpretation - quotation balance" (Morrow, 2005, p. 256), I presented participants' perspectives by using quotations to illustrate, amplify, and stay true to the participants' language and voice. Finally, as recommended by Morrow (2005), I paid attention to language in the presentation of my findings, and heeding the advice of Silverman (2011), I differentiated between participant perceptions and experiences and my interpretations of those experiences in the final report (in White, Woodfield, Ritchie & Ormston, 2014).

The final component of substantive validation is *transparency,* which requires a thorough and comprehensive accounting of the research steps so that others may judge the trustworthiness of understandings, interpretations and conclusions (Angen, 2000). This accounting is necessary to increase the dependability and confirmability of the study (Shank, 2006). To this end, I created a comprehensive audit trail providing details of the methodology, recruitment strategies, data generation, data analysis, presentation of findings, and techniques to establish credibility.

3.8.3. The Ultimate Tests of Validation

I incorporated ethical validation and substantive validation throughout my study to enhance trustworthiness. Smith (2011) and Kvale (1996) also pointed out that while evaluation criteria are important, interpretative flair and craftsmanship are equally important in presentation of qualitative research. According to these authors, trustworthiness is ultimately enhanced if the research report is powerful, plausible, colourful, and persuasive enough to "resonate" with the reader, providing "spontaneous validity" (Nielsen, 1995, p. 9). I incorporated ethical and substantive validation, while crafting an "illuminating and interesting story" (White et al., 2014, p. 374) that the reader will find trustworthy, as well as engaging and thought provoking.

Karp (2011) explains that "the ultimate test of validity" is when the researcher can listen and identify patterns and forms in participants' experiences, "see[ing] things that the individuals can't see in [their] own life; because they have only their own life to generalize from" (p. 54), such that:

> The real experts, those you've studied, when they read [the] work and say "You've captured it!" … "You know, you really captured my experience. You found a way to convey my experience. (Hesse-Biber & Leavy, 2011, p. 54)

I sought to create a final report that prompts new ways of thinking about the topic, influencing and contributing to growing understandings of our "shared humanity," while at the same time, co-creating a report that the participants find trustworthy and gratifying.

Chapter 4.

Impacts of CPT

All participants experienced some form of childhood psychological trauma (CPT) and perceived this CPT to have influenced their beliefs, values and behaviours prior to entering the federal correctional system. In this chapter, I explore experiences of CPT and the impacts perceived by the men. These experiences provide the backdrop for subsequent chapters, in which the prisoners' experiences of healing from CPT, and how healing was either enhanced or challenged during incarceration and community re-entry, is explored.

4.1. The Boys

I devoted one interview with each participant to a conversation about their CPT. In this interview, my focus was understanding *their* understanding of the trauma they experienced and exploring their perceptions of the impacts of that trauma as they grew up. I asked participants a "grand tour question" (Spradley, 1980, p. 81); participants were asked to share their story of CPT and the source of childhood violence. Sharing their story in this way allowed them to define CPT and its impacts in their own terms.[38]

4.1.1. Abuse

Health Canada recognizes classifications of physical, sexual, emotional abuse and neglect (Trocme et al., 2001). Erickson and Egeland (2002) argue that neglect overlaps into the categories of physical and emotional abuse and forms an "essential element of *all* maltreatment" (p. 4; emphasis added). Informed by these scholars, Table 4-1, below, contains my assignment of participants' experiences to classifications of physical, sexual, and emotional abuse/trauma. Physical and sexual abuse are indicated individually and are also included in emotional/psychological trauma. Experiences such

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[38] Naturalized transcription, which allows participants to speak for themselves, often results in participant quotes that do not follow conventional English literary or speech patterns. In presentation of participant quotes I use [sic] only in cases where it might appear that I have conducted a typographical error. See Chapter 3, Section 3.8.1. for a discussion of naturalized transcription.

as verbal threats, neglect, witnessing physical, sexual or psychological abuse between parents or other adults in the home[39] are also included in psychological trauma.

Various forms of CPT were identified, with most participants having experienced multiple forms of abuse. Some participants experienced trauma as a result of abuse and other events that did not result from abuse. Some participants recognized their experience of trauma to have resulted from abuse, and in some cases, I interpreted events as abusive even though the participant did not. For example, while Dave recognized the physical and emotional abuse that his father inflicted on his mother as abusive, he insisted that the same behaviour towards himself as a child was simply 'parenting,' although he indicated that he experienced them as traumatic. In such instances, Table 4-1 indicates my assessment in parentheses to recognize my interpretation of the experience as abusive, while acknowledging that this is not the participant's perception.

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[39] Psychological abuse between parents includes unidirectional and/or bi-directional abuse, as reported by participants. Renner and Whitney (2012) describe unidirectional abuse as violence perpetrated by one partner against the other, and/or bi-directional abuse as violence perpetrated by each partner against the other.

Table 4-1　　Participants' experiences of abuse and trauma

Name	Source of Abuse, Neglect or Trauma		
	Physical	**Sexual**	**Emotional / Psychological**
Alex	Father	Mother Patient - Psychiatric institution	Mother & Father
Andrew	Father	--	(Mother) Father
Brian	Uncles, various adult family members	Uncles, Baby-sitters, Witness sexual activity	All
Dan	Father	--	Father
Dave	(Father)	--	Father
Ed	(Father)	--	Mother & Father
Joey	Mother & Father	Father	Mother & Father
John	Mother, teachers	Mother, grandmother, step-grandfather, neighbour	Mother
Ken	Mother	Mother's 'friend'	Mother, Father
Martin	Father	--	Father
Mike	Mother & Father Baby-sitter	--	Mother, Father, Baby-sitter
Paul	--	Neighbour	--
Peter	Father	Stranger	Father
Robert	Father	Mother Residential School Teachers & Staff	Mother, Father, Residential School Staff
Stanley	Foster parents	Strangers	Father – abandoned, Foster parents
Stuart	(Father)	--	(Neglect by extended family & community) abandonment - death of both parents
Tom	Step-father	Grandmother	--

Physical Abuse, Neglect, and Trauma

　　　　The men shared various experiences of physical abuse at the hands of parents, neighbours, strangers, teachers, and other authority figures. Their stories of "torture" (Joey) included being chained up in the yard daily, stripped naked and whipped with strips of conveyer belts or hit with boards with nails sticking out of them, beaten with metal rods, and being forced to put on boxing gloves and defend themselves against their fathers. They were slapped, kicked, thrown, dragged, booted around and punched. Some were locked in "quiet rooms"[40] without access to food or bathroom facilities, others were forced to eat off the floor and drink from toilets, and some were denied food. Examples of physical impacts include broken arms, wrists, ankles, jaws, noses, fingers,

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[40] Robert described a quiet room as "a padded room, a closet … It had pads in it - nothing else, no water, no toilet, no nothing."

and ribs, split eyes and concussions. In their terms, the men spoke of beatings, ass-reddening, flying-fists, brutality, torture, and shit-kickings.

Sexualized Violence and Trauma

In addition to physical trauma, more than half of the men (60%) shared experiences of trauma resulting from sexual abuse. These men shared childhood stories of sexual abuse, sexual torture, witnessing sex and sexual abuse of adult family members, and witnessing the beatings and rape of their mother. All but two men who experienced sexual abuse said that it occurred repeatedly. In some cases, sexual abuse began when the men were too young to remember and ended in early childhood, and for others, it began in childhood and continued into their teenage years. Some men experienced sexual abuse by one person, while others experienced several forms of sexual abuse by numerous individuals.

Psychological Trauma

In combination with physical and sexual abuse and the psychological trauma that these forms of abuse invoke, the men experienced psychological trauma in several ways. More than half of the men experienced abandonment or rejection. For them, this meant knowing about paternal denial by their birth father, abandonment by a parent following separation, divorce or death of a parent, or the death of both parents. Two thirds of the men who expressed experiences of neglect, rejection and abandonment, spoke of parents, foster parents, or mothers who were physically absent for extended periods of time. For example, Robert and Ken shared memories of their mothers often disappearing to go to "bars and hotels" with their "male friends." Robert recalled, "my mother, when she drank, she was gone for months and that. And she'd be having guys over at the house when my dad was at work." More than one third of the men expressed their experience of neglect and rejection as a denial of care and love from their parents or caregivers. Ken said, "I don't remember any hugs or kisses from my Mom," and continued, "I'm your kid for Christ's sakes! You know what I mean? I mean, maybe you didn't love me much, you didn't give me hugs and shit like that. But at least you could have fed me."

For some men, childhood rejection was reflected through the hatred of adoptive fathers who were forced to adopt them "as part of the deal" to marry their mothers. Peter

explained, "Like, I was the son of someone else. So, what that did in [my adoptive father's] head was it made him know that I'm from another man. And then he became abusive to me." Tom, whose father was also forced to adopt him as a condition of marrying Tom's mother, explained of his adoptive father:

> He didn't want me around. He kind of had to take me. Right? … And uh, one of the things that summed up his relationship with me is um, if someone was to ask me, "What does hatred look like?" Right? I have his face. Right? Because every day he would come home from work and I would get this look of just hatred.

One quarter of the men (25%) indicated that in addition to the physical abuse, mixed messages they received from their fathers contributed to their CPT. For example, some fathers, at times, engaged in activities with participants, taught them "good morals, work ethics and values" (Joey), or taught them "very good, valuable lessons of manners and responsibility" (Martin), and at other times, beat them. Mike, whose father travelled for work, explained:

> I started really hating my dad because every time he'd come home, he'd punish me, right? That was his first order of business with me, right? So - and it was really confusing as a child because I was one of the only kids that he used to take with him on trips. He would take me with him.

For some, alcohol was a determining factor. Andrew said:

> When he was drinking I was his *number 1 son!* I was everything, he was proud of me. You know, like he promised to take me [places] or, you know, the stuff that's important to kids! … So, I'd get excited about it. And then he'd sober up and I was *the devil!* I was sent here to punish him or something … it was horrible!

In addition to physical, emotional, and sexual abuse and neglect, most of the men experienced isolation, through maintaining secrecy or lack of availability of help, as important experiences that exacerbated the impacts of their CPT.

4.1.2. "Fear keeps you quiet"

Most men (88%) explained that maintaining secrecy regarding abuse played an influential role in other aspects of their lives, affecting their emotional well-being as well as their behaviour. Several participants said that either no one knew about the abuse or that they were too afraid to tell anyone. The majority attempted to reach out for help at some point, learning that even if the CPT was known, or if they did attempt to tell

someone, help was not available to them. For some children, seeking help further exacerbated their situation and increased their fear of future help-seeking.

A Family Secret

Some (30%) of the men indicated fear of family betrayal as a primary motivator for not telling an adult about the abuse, and many conversations revealed that hiding the abuse reflected a joint effort between child and parent. For instance, the fear of betrayal was particularly deep for Martin, whose father regularly beat his mother and "shit-kicked" him, beginning when he was as young as eight years old:

> This [the beatings] went on for years, and what happens at home stays at home…that conditioning was too deep. It's private. Everything stays, nothing goes. It was – yeah, sacrosanct. You couldn't breach that, *ever, ever*! It was – *holy!* (Martin)

Although Martin never indicated that he was specifically *told* to maintain secrecy, it was clear that secrecy regarding abuse within the home was a joint effort between father and son, with each intentionally doing their part:

> He didn't like bloodying me…he didn't mind doing it to mom, but he didn't like to bloody me…because I had to go public. Mom didn't have to. Mom could stay at home and hide but I had to go out. So, yeah, but believe me, when I went to school with two casts it was uh, people, uh…I told them it was an accident. I was running across a netting with foaming in it and I tripped and went down – broke my fingers. Deflect. Deflect. (Martin)

Similarly, Mike never said that his parents *told* him to keep the abuse secret, but he had strong feelings about the importance of secrecy within the family, and his narrative also revealed a joint effort between parents and child. For example, at the age of 13, Mike's parents took him to a psychologist, who "was supposed to be an expert with kids, problem kids." Mike's parents remained present during the psychologist's sessions with him, and although Mike was not directed to maintain secrecy, he remembered his responses to questions during the session:

> I just kept saying, "I don't know." And *my parents were in the room* while he was asking me these questions, right? At least for most of it. I think they might have been out of the room a little bit. But I think what it was, was at that time I had it in my head that you don't tell on people. Right? And you *definitely* wouldn't tell on your *parents*. And I think that was probably something that was going through my mind because I think of it today and I know that that was my mentality at that time.

For these men, the need to maintain secrecy regarding family violence was subtle, yet intensely strong.

Secrecy as a Joint Effort

Other men experienced secrecy as a joint effort between themselves and their parents, instilled through clear direction. To illustrate, Alex spoke about having his and his brother's heads "knocked together so there was concussions, a number of those actually," dislocated shoulders and other "impact injuries" by the age of eight. He explained, "There was lots of times of going to the hospital and being told what you're supposed to say to the nurse. And you tell them, and they fix you up, or do whatever they gotta do." For him, direction regarding the sexual abuse was similarly clear, "it was all to be kept secret. You know, like 'this is our special time,' and all that."

For other men who also received regular beatings, the joint effort presented confusion. For example, Andrew shared that he was not sure where his belief in secrecy originated:

> It was always on the bum where they could cover it up. Never seen. That's what I assume … And of course, I'm not in a position where, I don't know where I learned it, but I'm not in a position to go out and tell people, you know, tell on people for stuff.

At age 13, Andrew ran away from home and tried to get help from a bus driver. Andrew explained that he told the bus driver "the scenario," but clarified, "I was scared…I didn't tell them about the beatings and everything though." It was unclear what, or how much, Andrew shared, but he was clear that he did not tell the bus driver about the beatings, and it was evident that he struggled between the need to get help and the need to protect the family secret.

S.O.S. is Futile

A quarter (25%) of the participants sought help outside of the family, resulting in increased fear or abuse. Andrew, discussed above, and Robert, who experienced physical abuse and what he described as torture in a Residential School[41] for two years,

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[41]See Daly (2014), who explains that Residential Schools, called "Indian Residential Schools," includes boarding, industrial, and day schools created under *The Indian Act 1894.* These nation-wide, government-funded and church-run schools were established for the explicit purpose of forcibly assimilating Aboriginal children into society, through the elimination of the intellectual,

were brought back to their abusers. Andrew was returned home by a social worker, and Robert was returned to the Residential School by police:

> I jumped through the bedroom window and didn't know what to do. So I went to a bus driver and I said, "I'm running away, here's the scenario." So, he called Ministry of Social Services or whatever it was at that time, and the social worker came and took me back home and like, the social worker's here and I'm here and she knocked at the door. When dad opens the door and he goes, "get that little bastard out of here before I kill him," that was it! Scared the living piss out of me. I went and hid under the dashboard on the passenger side of the car, the social worker's car, and from that point on I never went back home. That's how vivid that memory is. (Andrew)

> They got away with everything they did to us, right? I mean, no one ever got in trouble and that, and every time we ran away from there, because we used to run away, the police would bring us back there. And then we'd be locked in the QR [quiet room] or something, right? And more torture. (Robert)

Stanley lived in a foster home where he ate off the floor and drank water from toilets, and where he was not allowed to interact with the family or go to the park like the other kids (i.e., foster parents' biological children). Stanley was afraid of what might happen to him if he told social workers, knowing that he would be left alone with his foster parents after the social worker left. This fear, like Andrew's and Robert's, was learned over time as Stanley did, in younger years, turn to social workers for help, only to find that the results were futile. Stanley quietly and reflectively explained, "fear keeps you quiet:"

> You know, when I was younger, when I was in the foster home, I remember that I used to complain, in some form, to my social workers. But the fear came, overcame [me] a lot of times about what happened when she left, or when I go back to the house. You see? And you have nothing, no resources to cling to. And you know I *did* talk a little bit about it, and it's like they didn't believe [me]. When I spoke about the physical and emotional abuse and neglect and all that it was like, "oh well."

The combination of Dan's cultural norms and his father's position as a respected member of the community prevented anyone from intervening on his behalf, and prevented him from seeking help outside of the family:

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cultural, and spiritual influences of children's parents and communities. More specifically, Jung (2011, p. 224) explains that the overall goal was "to take the Indian out of the child" (Daly, 2014, p. 40-41).

Everybody knew, in front of everybody! People knew! We never needed to talk about it … we did not want to talk bad about our dad … at his back, because we respected our parents. So, we never, uh, we never said our dad was bad.

A small group of participants felt that they could not, or should not, speak about the abuse even within their families. For example, prior to the abuse he experienced in Residential School, Robert experienced abuse from his mother, but felt that he could not tell his father because he feared what his father would do, and subsequently what would happen to his father:

> Robert: And we couldn't tell my dad. Right? We were scared. Right? Because my dad, his famous saying [was], "You mess with my kids, I'll bury you right where you stand." Right?
>
> Colleen: So you were scared for your mom?
>
> Robert: No, not for my mom, for my dad. We knew that he would go to jail because he always threatened … [and] because she always threatened.
>
> Colleen: Oh, so because of what he would do to her?
>
> Robert: Yeah. And she always threatened him, "I'll call the cops" and she did call the cops on him. Right? And that's what we were afraid of. Because my dad did [prison] time … so we didn't want to – we were scared for our dad so much.

At some point in their childhood, Mike, Ed and John each sought help from an adult within their family, but their efforts either proved futile, frightening or resulted in increased abuse. As a result, they did not tell anyone again. For example, telling his parents about the abuse he experienced in the juvenile detention centre at the age of thirteen, Ed's parents did not believe him. Ed shared:

> So, we left and um, got in the car...And they said – right away they knew something was out of line because my hair was cut. And they said, "What's with the haircut?" And so, I started telling them about what happened. They didn't believe me. Didn't believe me. Didn't believe a word of it! Nope. So, we got back to the house and a couple of hours later I left again. Never trusted them again. Well, I do now, sort of. But uh, never trusted them again. The one time that I thought that they would believe me and, you know, I got this attitude like adults wouldn't do that. People in the system wouldn't do that.

At the age of six, Mike complained to his parents about being chained up in the backyard by the babysitter. His effort, too, was futile:

I used to tell my mom that I didn't like living with this babysitter treating us like that and my mom and dad would say, "Well, if you don't like it here you can always pack up your stuff and leave," right? And I remember one morning that my mom said that to me and I said, "Ok, I want to leave." And she packed up a bag, and she put a coat in there and um, I think a sandwich and an apple or something and said, "Ok, you're on your own." I guess she figured I'd just go down a block and start crying and come back home. Well, I spent the night under [a] bridge. The whole night. And they had the police out looking for me and the fire department and all kinds of people."

Mike returned home the next afternoon, and the abuse continued.

One participant, Joey, did not express fear of telling adults outside of the family, nor did he recall specific incidents when he told adults. Implied in our conversations, however, was that he had at some time told adults about the abuse and learned that there was no help available to him: "Nobody was able to provide us with safety. Not at school, not at home, and you know, just, nobody seemed to care!" Perhaps more importantly:

I didn't think I had anybody to talk to about it even if I wanted to … like I didn't think there was anywhere to go for help. You know, my teachers didn't help, and even when I went to the psychologist, they weren't even, didn't seem to have any power to help either!

CPT is Normal

Three participants (18%) did not express a need to seek help. Stuart and Dave denied their father's abuse, "We got our ass reddened like anyone would back then," at the same time maintaining, "My dad never laid a hand on me or my brother, or any of us for that matter," and "[my parents] worked really hard for what they had, and they were never abusive" (Stuart). Stuart and Dave both indicated that their CPT was a result of something other than abuse. For example, Stuart lived on his own from the age of 11 following the death of his parents, remembering, "I went to work, daylight to dark type of thing…I worked, I had friends around, and yeah, I just – done what I had to do, I guess," because everyone knew his situation, and "nobody said anything. No one ever said anything." Dave never recognized his father as abusive towards his children, and it was evident that, for this reason, Dave did not attempt to seek help.

For Peter, the beatings were abusive, but were a normal part of life, "cause in our neighbourhood all the people were kind of drunk parents and stuff that would beat their kids." He remembered:

> It was about us coming to school and we would talk about all the stuff, "Oh yeah, like my Mom got beat on the weekend." "Oh, yours too? Mine's got a black eye." "Well mine looks like Spot, the dog," or "I got you guys beat because mine's got a left hand turn on her face [a broken nose]."

Peter made no attempt to maintain secrecy regarding the physical abuse, nor did he indicate that he ever sought help. In addition, Peter's father beat him in front of his parents' friends, with Peter referring to himself as "live entertainment." This, together with the nature of injuries inflicted by his father, which included split eyes, broken jaws, and sprained ankles and wrists, indicated to me that his father made no attempt to conceal the abuse.

A "Special" Secret

Ten participants (60%) experienced sexual abuse, five of whom spoke about the sexual abuse for the first time in prison. Some participants felt that secrecy surrounding sexual abuse was more important than secrecy regarding physical abuse. Many of these men discussed the physical abuse throughout their incarceration but maintained silence regarding the sexual abuse well into their later years in life. Reasons for maintaining secrecy regarding sexual abuse also differed from reasons for which they hid their physical and/or emotional abuse. For example, Stanley spoke out "in some form" to social workers and others, attempting to get help regarding his physical and emotional abuse and neglect, but maintained secrecy about the sexual abuse until he was "an adult, a much older adult." For him, even as a child, secrecy about sexual abuse resulted from fear of, "the shame. The embarrassment. You know, um, sexual abuse is um, how can I say this? Um, I think no matter what our age is, we know that it is wrong." Peter's, physical and emotional abuse in the home was well known, but it wasn't until "[he] was fifty-something years old, in the joint" that he first spoke about the sexual assault that occurred in his teenage years:

> It's something that I never shared with my family or anybody. Because I knew that if I did share it then they would look upon me in a different way – and I didn't want to be looked at like that. Because then I would also get treated that way. And it's strange that people get injured and

things happen to them, and then other people that are just as dysfunctional make it a problem for the person that had that happen to them.

Two of the men, Tom and Ken, spoke about their experiences of sexual, as well as physical and psychological abuse for the first time following their most recent release from prison, in their late fifties and early sixties. Ken, who had spent time in a 'trauma treatment center,'[42] spoke about both physical and sexual abuse for the first time with me:

> Ken: I never talked to anybody. Not my brothers, well they already knew it was happening anyways because it was happening to them too. But like outside of the family, no. I don't know why, but I just didn't.
>
> Colleen: Not until [the treatment center]?
>
> Ken: No. I didn't talk about it there.
>
> Colleen: Are you telling me that this is the first time you ever talked about it?
>
> Ken: Yeah. Even a little bit. Yeah.

The physical, emotional and sexual abuse endured by these men, and the combination of maintaining secrecy, played a crucial role in their development of beliefs and values about themselves, about others and about the world, in general.

4.2. Psychological Impacts: "In my heart and in my head"

In our conversation, I asked each participant how they experienced the impact of violence in their childhoods. Despite the horrific physical abuse endured, almost all participants expressed the psychological harm associated with that abuse as having a greater impact on them than the physical harm itself. For example, asked where he experienced the impacts of the violence in his body, Dan responded, "in my mind. In my mind, not my body" and Dave said, "in my heart and in my head." Stanley explained that "broken bones and things like that - when you think about that, um, physical pain is not

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[42] Various centres in Canada address addictions, trauma and/or mental health issues. While many residential treatment facilities address addictions, some treatment centers address underlying trauma and mental health issues, and some provide employment as well as transitional housing assistance.

that hard to deal with. It's that emotional pain that kills you." As children, the emotional pain was incomprehensible.

4.2.1. "Mental mindfuck"

Almost all men experienced confusion as they struggled to make meaning of their treatment while developing their own identity. The men articulated many psychological impacts throughout our discussions, but confusion, or as Andrew referred to it, "the mental mindfuck," emerged as an overarching theme. During the interviews, childhood confusion was expressed through participants' verbal expressions, significant pauses, response tokens (e.g., um, uh, hmmm), fidgeting, and other body language. Peter, generally a very articulate man, commented of his own inability to express himself at times, "I'm not explaining it right…Um, I can't figure out certain words to explain it better" and moments later, "I'm not getting the words that I want to share with you." Some participants expressed confusion by repeating my question, often more than once, engaging in careful reflection, and through versions of "I don't know" which scattered our conversations. Paul's description of his "entire childhood [as] a 'shit-show'" and Joey's summary, "My whole childhood, I mean, a lot of the stuff really confused me," represent the overall perspectives of the men.

Blame-assignment and Blame-worthiness: A Fuzzy Fault-line

When sharing their stories, all but one participant talked specifically about the violence or trauma *and* the perpetrator(s) of their CPT. However, most of the men (71%) also indicated that as children, they were confused as to who was responsible.

Three men communicated uncertainty as to blame assignment despite their childhood narratives indicating clear responsibility or blame-worthiness. For example, Martin described years of witnessing his father beating his mother and of his father shit-kicking him. He also described his ultimate protection of his mother by beating his father with "baseball bats and shit, [putting] him in the hospital a couple of times." Yet he explained, "I don't know who I blamed. I didn't blame Dad. And I didn't blame Mom either. I don't know."

Many of the men engaged in meaning-making and blame justification, which contributed to their confusion and conflict regarding blame-assignment and blame-

worthiness. Most men felt that the person(s) who physically and/or psychologically abused them was partially to blame, while they also assigned partial blame either to themselves (71%) and/or someone else (40%). For example, Stanley clearly blamed his foster parents for the abuse he endured in their care. However, referring to social workers and teachers to whom he tried to turn for help, Stanley added, "but also sometimes hatred towards the people that were supposed to take care of you too." He, and others, also alluded to assigning blame to the community, or society, saying, "I believe at the time that their hand[s] were tied. They couldn't do nothing because their hands were tied or something" (Stanley). Joey extended this perspective, assigning blame and blame-worthiness to the community:

> We were alone against the world was kind of our world view at the time, you know, because we weren't - nobody was able to provide us with safety. Not as school, not at home, and you know, nobody seemed to care!

As children, almost three-quarters of the men assumed some blame for their physical and psychological abuse. A quarter of the men assigned blame-worthiness to themselves; they felt that they *deserved* the beatings. To illustrate, Dave insisted that he experienced CPT from witnessing his father's violence and abuse towards his mother, but regarding his father's violence towards himself, he insisted:

> I did wrong, I got punished. Was it a little excessive? Sure. But you know what? I didn't get hit for no reason…it wasn't that he was taking out his aggression on us. When we were wrong we got punished.

Some men explained that they took some blame for the abuse but were confused as to the reason behind it. Alex said, "I thought I did *something* to bring it on." Others, rather than remain confused, seemed to create a reason that justified or made meaning by assigning blame-worthiness to themselves. For example, Robert, unclear as to why he was physically abused by his father, made sense by assigning himself blame-worthiness, "The other kids didn't get it. I got it and I, I don't know why. Right? I, somehow, I think it was just 'cause I was hyper. Right?"

In addition to assigning blame and blame-worthiness to themselves, some men also had blame assigned to them. For example, Tom explained that he always felt responsible and that he must be worthy of the blame, "I mean I just always thought I was

a terrible, bad kid and something was wrong with me because why else would this be happening?" He also shared the impact of his step-father assigning blame to him:

> [My step-father] and my mom ended up arguing over the years, and you know, he would always blame me. You know, "Your mom and I are going to get divorced because of *you*." Right? So, you know, stuff like that just sticks with me. Right? And you know this look of hatred. Right?

As children, two thirds of the men whose fathers or step-fathers physically abused them expressed confusion that arose from blaming their mother, at least partially, for their father's violence. Some of them blamed their mother's weakness, and others experienced confusion arising from their own blame of their mother for permitting the violence to continue:

> I know for a while we blamed our mom for staying with him. But other than that, I don't remember blaming anybody … I had a lot of anger, hostility and hatred toward my dad at times. Um, but I don't know if I ever blamed him or blamed myself. (Joey)

Some men blamed their mother for allowing the violence, but two said that if the violence was acceptable to their mother, then it *must* be okay, which presented confusion for them insofar as attribution of blame or blameworthiness: "My dad must be right. I just felt bad for mom, but you know…if she gave in to it, then it is what it is. That's how it worked" (Dave). For a few men, confusion arose because their mother, as a victim, seemed to encourage the violence: "I was *really* surprised at how Mom took the beatings. She would just fucking egg him on…And she was only that tall, right? [She would ask Dad] 'Is that the best you got?'" (Martin)

As adults, a minority of participants made meaning of their confusion by justifying their mother's decision, thus reducing her blameworthiness. For example, Tom felt that his mother's young age when he was born explained her acceptance of violence in his life:

> My mom was always good to me… [She would] make everything bearable with the stepdad situation. And my mom was pretty good too, you know, given the circumstances and, you know, of that day and age. Because she was very young when she had me…that was uh, you know, a lot of women in those days that was their only security was to be a housewife. Right? So, she was in that category. Right? So that's probably why she had to put up with a lot. Because you know, he did make good money. You know, he [worked] so they've always made

pretty good money. So, we had a good…as far as a standard of living goes, we were uh, you know, solid middle class. Right?

I found that many men experienced difficulties regarding the *meaning* of blame-assignment and blameworthiness, with some men guarding against assigning blame either to the abuser or another adult that they needed or loved. For example, a third of the men (35%) equated assignment of responsibility for childhood violence with relinquishing responsibility for their own criminal behaviours. That is, as these men explained the violence that they experienced, they were quick to clarify that they were not assigning blame for their own criminal behaviours. Stanley explained, "I cannot blame the childhood [for] my [criminal] behaviour, because I heard so many people that went through similar things…and they turned out fine." Stuart, whose parents both died by the time he was 11 years old, struggled with blame assignment and worthiness. He told me:

> We got our ass reddened like anyone would back then, and it didn't turn us into bad people. You know, my [siblings], they've never been in trouble with the law in their life, any of them. It's only been me. So, yeah, you know, it's not always about that [CPT].

This statement, together with the anger that he directed at his parents is evidence of his confusion:

> I was mad at my family, my mom and dad for dying … If I would have had my dad and mom around my whole life through, in my younger years, maybe I would have been different.

Other men guarded their assignment of blame-worthiness through intonation, body language, or behaviour. To illustrate, Ed's finger tapping[43] told me that assigning blame to his mother rather than his father, and even to his brother as an instigator of his father's abusive behaviour, may constitute a guarded decision for him, which he cautiously protected against scrutiny. Dave's intonation, eye contact and stiff posture also warned me against further discussion as he made clear his father's blamelessness and his need for a change of topic, "It's over and done with, but we knew when he got mad and when we were about to get hit, but he never hit us for something that we didn't do wrong, you know, so… [silence]." Finally, Peter clearly and consistently assigned

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[43] I found finger tapping to be a significant non-verbal interaction for Ed. Ed's facial expression, shifting in body language and the certain points of time in our discussions that Ed engaged in finger tapping revealed discomfort, which I interpreted as guardedness.

blame and blameworthiness to his adoptive father for the violence he and his mother experienced, repeatedly expressing his deep love for his mother. However, at one point he also indicated a desire to apologize to his mother for blaming her for both bringing his adoptive father into the home and for the physical and emotional pain that he suffered because of her decision.

Confusion about blame-assignment or blame-worthiness contributed to the men's perception of themselves as they developed their own identities as boys and men. In some cases, blame-assignment during childhood reduced confusion, while in other cases confusion seemed to be compounded by attempts to understand their circumstances through blame-assignment.

"Damaged goods"

Almost all of the men referred to themselves in terms of "damaged goods" (Stanley) because of their CPT. The men used a variety of terms to explain this perception, describing themselves, for example, as "a mess" (Alex), or "broken" (Brian), and two considered their suicide attempts in childhood as indicative of themselves as damaged. The most common term, used by 30% of the men in describing themselves, was "crazy."

For many men being damaged was reflected in their low sense of self-worth. Stanley's sense of self-worth was demonstrated as he explained, "You feel like dirt all the time," and as he more simply declared, "I didn't matter." Mike, who remembered being taken to psychologists as early as age nine, told me, "I was worried [that psychiatrists] would say that I was crazy." He explained:

> I experienced bed-wetting, and that might be, it might have had something to do with that. Um, that was part of why they were taking me to see the psychiatrist as well. And that was another thing that made me question whether I was sane or not…Like I didn't want to wet my bed and I didn't want to wet myself when I was at school, but them [sic] things happened and therefore I thought there must be something wrong with me. And they couldn't fix it, right? The psychiatrists. And the more of them I seen, the more I thought there's got to be something wrong because none of these guys can fix me, and they're the *experts*!

Peter seemed to feel that he *became* damaged over time as a result of the abuse, and spoke of self-worth as something that was *taken* from him:

That's another part - is the [self] worth part. Cause those were things that were few and far between. You didn't feel that stuff too much, because you always had it taken from you. And all I could show was hostility towards it quietly, without showing it because then it's got to be an all-out, I'm getting it.

Shame or humiliation was disclosed as a major contributor to low self-worth for the majority (65%) of men, as illustrated by Stanley:

The shame. The embarrassment. You know, sexual abuse is um, how can I say this? I think no matter what our age is we know that it is wrong. We know that there is something going on here that is wrong. You see? ...I could see how it was, um, a tool. In a sense that uh, maybe that's the wrong expression, but it was uh, you *felt* like a tool...you're basically you're just a muppet.

For a few, like John, shame arose from "the shame and humiliation of what happened *to* me," as well as a feeling that his body betrayed him: "in your mind you know it's not right, but your body is betraying you. Very confusing."

Helplessness and powerlessness also contributed to a low sense of self-worth and were pervasive throughout the narratives. For example, John came to believe that "the big people can do whatever they want to you, and there's nothing you can do," and Robert shared:

I remember what it was like to be a kid. Right? Looking at big giants … That's all it was. Right? Is a bunch of big giants strapping me or hitting me … pulling my hair, locking me in closets, or cloakrooms.

In addition to low self-worth, all participants developed emotional confusion in their childhood. Peter explained, "It's one that uh, it's like having fear - emotions that you have *no* understanding of," and "emotions - that's one, that's probably where I had difficulty with things." For most, "guilt, shame and rage" (Joey) encapsulated their emotional repertoire, and almost all men revealed anger as their primary emotion. To illustrate, Paul described his childhood experience of being an "isolationalist, purposefully" as providing emotional safety: "I just knew I didn't like anything, and that I had no emotions other than anger. Different - calm then anger. No in between. And no recognition or understanding of why." For some the emotional confusion was overwhelming. Tom said, "I was always, very short fused anger. Right? So, um, I actually thought that I was crazy because, you know, I didn't realize I was stuffing so much anger."

A few men told me that they did not find anger or aggression to be prevalent in their childhood but contradicted this belief elsewhere in our discussions. For example, Robert initially said, "I don't know about anger. I don't remember anger…I don't know about anger because if I was angry I would have been violent." Despite this statement, he later explained:

> When I was angry before, I always gave people warning. Like I said, 'if you don't got ears to listen, the only thing you understand is violence.' Right? I guess that's the way I was raised so I acted that way too.

Although Robert first indicated to me that he did not experience anger or aggression in childhood, his subsequent sharing revealed that anger did form part of his childhood experience.

A minority of the men described fear as their primary emotion. For example, Alex began his narrative:

> I remember being afraid all the time, like my father (silence) (throat clearing) my mom occasionally, but uh, yeah. It was mostly based on being afraid and being hit or kicked or punched or thrown down the stairs or something. It's hard to be a kid when you're like that. Right? You can't be a kid.

Some men found ways to release their emotional confusion and regain a sense of power. Peter, for example, found empowerment by "making fun of [his mother's] victimization" with other kids from his neighbourhood who experienced similar abuse at home. He reflected:

> It was something that we'd make jokes about because emotionally we weren't thinking [about] the damage that was created, but it gave us an outlet there that allowed us not to be consumed by everything.

Many suppressed or were "able to hide those hurtful, those hurtful and harmful feelings" (Brian), describing themselves as quiet and shy "at least until I had a few beers" (Brian, Stuart). A third of the men experienced "black-out periods," which meant significant portions of their childhoods were "blocked out" of their memory unconsciously. For example, Tom had no memories prior to age nine, and Joey explained:

> When I think about it, for me when I think of trauma as a metaphor, when I look back on my life, if you look back on it as a timeline and say, ok these are all your days all lined up, and you try to look down on it from an aerial view? Each trauma comes up like a mushroom cloud. And

it just covers everything else before and after it. And it even makes it hard to recall some of the good stuff. You know what I mean? I know there was some there … Um, you know, times going to the lake and stuff, you know, playing around, but if the trauma doesn't get resolved, that's all I can remember. And probably because it's so powerful, right? Such a heavy emotional charge that it doesn't let me see anything beyond that.

Some found emotional relief in drugs, alcohol or parties, others through over-achievement in school, sports or work (see Section 4.3.1.), and one participant explained that at the age of 12, "for the *first time* I felt happy" (Tom) playing a hyperventilation/pass-out game. Ten of the men (60%) said they felt emotional discomfort in situations that were not the negative and violent environments that "had become normal." John explained:

> Like I used to go to my friend's place for dinner and their dad would come home from work for dinner and kiss their mom. That would make me feel very uncomfortable because I never saw any affection in my house at all.

Some of these men found emotional relief in activities and work that provided them with an adrenaline rush, and others in building a reputation of violence which prevented escalation of their feelings of fear (See Section 4.3.1.).

Fourteen participants (80%) revealed a general lack of trust as contributing to their damaged self-perception. Simple statements such as "I never trusted anybody" were scattered throughout almost all participant discussions. This simple statement was provided to explain their emotions and their behaviours and to connect CPT to impacts experienced in their early lives. For some, lack of trust developed over time; Stuart explained, "I got betrayed a lot over the years, and uh, that makes you never want to trust anybody any more, you know?" For others, distrust developed early. Joey shared that by the age of three or four:

> We didn't have a lot of trust or safety at home at all. It was very early that our safest place was the neighbour's place or my cousin's place or our baby-sitter's place. So, I just didn't really trust the world … and so I started to really distrust people in general.

One participant said that a sense of distrust throughout childhood was not the case for him. However, this participant developed an exaggerated sense of trust, which also contributed to his sense of being damaged. Dan told me:

I trusted everybody! My father used to say, and he was right, he said, I forget the exact word… "Naïve" my father used to say, "If a flying bird says something in your ear, you will follow that" … Yes. I trusted everybody. Because whatever I said to anybody was always 100% truth, and I expected [that] others will be like that.

Perceiving themselves as damaged carried into relationship-building and overall world-views in the early lives of participants.

Becoming the "Other"

Relationships

Sixteen participants (94%) either had difficulty maintaining relationships or went to great lengths to avoid forming them. Many maintained distance to hide their damaged selves. John described his experience:

Relationships - you can't get into a relationship because your closet is so full. And you have so many secrets that are embarrassing, so you're afraid to expose it and find out … so relationships are short and shallow … you keep going and going, one relationship to another.

Many, like Martin, adopted a strategy to avoid romantic relationships and "anything that meant forming a relationship":

Anytime I um, I got close to a relationship I axed it. I left it. I wouldn't pursue it, or avoided it, or you know, stopped it. Not consciously [but] I didn't see any purpose … They knew within weeks that I wasn't in it for the long haul. I was never really boyfriend material. As soon as I got into a relationship that was getting too close? I would take a job in [another city], right? Yeah, gotta go, see ya.

Some men avoided all relationships because of their feelings of being damaged, as evidenced by Paul: "I was very isolationist purposefully. Nobody knew me, nobody could know me, and I liked it that way. And I didn't even understand why. Yeah, I was basically an asshole."

Most commonly, the men expressed a desire for relationships, but could not maintain them. For example, Tom revealed that relationships with males as well as females were difficult:

At the time it just, you know, somebody would do the slightest little thing and I would explode. Right? And unfortunately, that would often happen to friends or even girlfriends and eventually, you know, the, I ran out of friends almost. Right? … I didn't punch girls and stuff like that

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but uh, I would certainly yell and act aggressive. Right? So, you know, I didn't have a lot of girlfriends and… Yeah. And if things didn't go my way then it was, you know, my way or the highway. Right?

A third of the men recollected relationships as problematic for them from a young age because they were quiet, withdrawn or shy. For example, Alex explained that he was "withdrawn and wanted to be left alone and be by [him]self," and that:

The only place I felt safe was when I was locked in a room, where no one could get at me. I spent a lot of time sometimes being locked in a room, and [sometimes] just locking myself in it.

Brian, who, had moved seven times and attended eight or nine schools by the age of nine, 'gave up' on making friends, having decided that relationships were pointless. Brian described himself by that age as "withdrawn, anti-social and shy," and explained, "The fact that I kept moving, and kept making and losing friends. Right? Why bother making new friends?"

In a minority of cases, rather than experiencing difficulty maintaining relationships, participants expressed their over-reliance on them as a flaw. Sharing his fear of offending or saying no to anybody, Dan said, "I had a flaw that if somebody praised me, I would just go along. I was always scared of saying no, not to offend anybody," and emphasized his "tendency to please others." For Dan, rather than distancing from others, his need for approval of others drove an over-reliance on relationships.

Most of the men I spoke to indicated that either in addition to their perception of themselves as damaged, or perhaps *because* of their perception of themselves as damaged, they felt "different," and that they "didn't belong" or "didn't fit in." This feeling created relational hardship extending beyond their personal social circles, to a worldview of themselves as "*against* the world" (Joey). Consequently, almost all men acquired a self-perception as the "other," which either contributed to their relationship difficulties, determined the characteristics of people that they chose to develop relationships with, or both.

The Other

Having explained that by age eight he was "already damaged," Stanley told me that by age 11 he had spent time in a juvenile detention center where he was "learning to be a misfit." Ed shared the following high-school experience with me:

> I started to rebel after I went to high school and didn't like high school. Didn't like the people. Why would I? Their interests were different than mine … I'm there with kids that have totally different interests.

Stuart, who lived on his own from the age of 11, said that by age 14 he was going to clubs with his friends who he described as:

> Everybody else was 20 years older than me, but I related to them. You know. My friends that hung around with me [before], they were like children. And uh, they would go home to their *mommies* and *daddies* after the weekend was over.

Half of the men specifically referred to their strong sense of 'other' as the development of an "us versus them" mentality. Mike verbalized this mentality:

> So, what I did was I developed an 'us versus them' mentality where it was 'us' being everybody that was into crime, and 'them' being everybody that wasn't into crime. Us being everyone that was into drugs and booze and different crime, 'them' being everybody that weren't into that. Right? And everybody that wasn't into that we called 'straight johns', right? And, like…I hated the 'thems' and the 'thems' pretty well hated the 'us's.'

These men indicated that relationships that were cultivated were shallow and involved others that engaged in similar risk-taking, deviant or criminal behaviours.

Most of the participants (65%) revealed a specific point or event in their life that either changed or confirmed their identity as an "us" or an "other." Stanley identified his experience of living in a severely abusive and neglectful foster-home as a critical life-point:

> You know fortunate for me I could go back and pinpoint where things went wrong. And that's definitely one of the big events in my life in that foster home … the one that I am talking about, the one that I was there three years … that one, of course, has an effect on me that I will never forget.

This point was also revealed by Martin who shared his experience of a relatively happy childhood ending abruptly at the age of eight when an incident, which his father

dealt with by abusing alcohol and beating Martin and his mother, occurred. Martin identified this turning point, "It changed me. When he started beating on me, right? I became somebody else."

Even though a small minority believed that they were fundamentally different from birth, development of themselves as "the other" was a combination of biology and life-events. For example, Stuart explained "You know, over I, I, um, I think there was always something wrong with me from the first day on - I think different than [others]," yet he explained that despite his father having died before his mother did, it was his father's death that especially changed him:

> I can tell you, after my dad died, my grades, just everything changed. I didn't even know it changed, and it changed … I didn't know it until years later that uh, in my own thinking back, that it was after my father died is when my problems started, not when my mom died … I didn't realize that that impacted my life, *big* time!

Peter's narrative indicated that he was developing an "us versus them" attitude very early in his life, yet he identified his attempt to kill his father, at the age of 14, as a particular incident that 'confirmed' his identity as the "other," explaining, "In the end I tried to kill him. It changed me. It changed my whole thinking that I could actually do that to someone else."

Regardless of the event that precipitated or confirmed the "other" as a self-identity, once confirmed, the men indicated that this perception guided their relationships and their decision-making. They selected friends who confirmed or shared these identities. To illustrate, Tom avoided "the straight-john people," explaining:

> You know, I couldn't identify with them and they would probably think I'm some kind of weird dude. Right? So, I always tended, especially around eighth or ninth grade, right? I tended to hang out with the uh, people that, you know, weren't good students - for lack of better words - would skip school and smoke in the boy's room, or, you know, drugs, what have you. So I tended to hang out with them and it was easier … because we were often times both in similar situations. So yeah, I would definitely avoid, for lack of better words, straight johns.

Once the identity of the "other" was confirmed, some participants indicated events or people that positively impacted them or made them reconsider their own anti-social or criminal behaviours but felt that they could not be changed. For example, Peter

reflected that by the age of 16, "I saw things that I liked from the other side that I wish I could have been part of, but I'm now wearing another face."[44]

Lessons in Mask-ulinity

In addition to their identity as a human being (i.e. the "other"), most men indicated that gender contributed to their experience of CPT and that the CPT contributed to their identity as a man. Overall, the men learned that masculinity is a role that one plays or a "mask" to be worn through life; they learned that being masculine was inconsistent with their real feelings. For this reason, I use the term "mask-ulinity" to represent their overall perceptions of developing manhood, although I use the term masculinity throughout my discussion. Four themes emerged for the men regarding mask-ulinity, either directly, through role models, or through the way they were treated by family, caregivers, authorities or society. These themes are *Domination and Violence, Limited Emotionality, Independence-Power, and Uncharted Territory.*

Domination and Violence

A minority of the men disclosed that their gender was, at least partially, the reason that they learned physical and emotional domination and violence. That is, in addition to violence as punishment, some also experienced their father's violence as his goal of teaching them to be a man. Joey described learning that the ability to fight was part of masculinity:

> I'd go home [from school] and my dad would want to teach me how to be a man … so he would set up a heavy bag to teach me how to fight. To me it was just more getting beat up.

In general, participant discussions regarding physical violence pertained to relationships between men. While most participants learned that violence was a *requirement* among men, they also learned that physical violence against women was

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[44] "Wearing another face" refers to being another person, i.e., having become another person. Novelist André Berthiaume wrote: "We all wear masks, and the time comes when we cannot remove them without removing some of our own skin," and novelist Patrick Rothfuss wrote: "We understand how dangerous a mask can be. We all become what we pretend to be." Based on this understanding, I interpreted Peter's statement to confirm the permanence of his identity as the "other."

unacceptable. Andrew explained what he learned as a child by sharing a sample conversation of teaching his acquired belief to his own children:

> Growing up I'd say to [my boys], "What do you do if somebody hits you?" "I hit 'em back, Dad." Ok. "What do you do if a woman hits you?" "I walk away, Dad." Ok - and it's like, cool!

While physical violence against women was generally taught to be unacceptable, four men shared domination of women as a required characteristic of masculinity. John described this lesson as a general societal attitude toward women:

> Women were people that raised the children and fed you and stuff like that. They were second class citizens, they were not your equal. That is what I grew up in, which was reinforced by society.

Dave's narrative of his home-life in childhood further illustrated this lesson:

> The male is the dominant, you know, role they had to play - that they think that they have to play. We learned when the man puts his foot down, that's it … And although my dad never hit my mom, he was very verbally abusive, and I never thought that was a problem, but …. He controlled everything, tell her what to wear, who she could talk to, I grew up with the belief that the man's the dominant figure. Right? And the woman must do what they're told. … So, I just always thought the male was the dominant figure and that they run relationships.

Two men were taught that domination of women included sexual abuse:

> My dad decided that he was going to teach me and my brother about the birds and the bees. And how he did that was he brought home, well he was drunk on tequila, and he brought my mom into the living room and he basically raped her in front of us. (Joey)

Limited Emotionality

The majority of men also learned very early in their childhood that being a male required them to be emotionally tough, which they equated with limited emotional expression. As previously discussed, anger was the primary emotion experienced by the participants, and the expression of anger is discussed below (See Section 4.3.1). While the men revealed anger as an "acceptable" expression of masculinity, the most common illustration of the requirement to *limit* their emotional expression were declarations of "boys don't cry," strewn throughout the narratives. I found this expression to be cast by the men as a universal belief, or an explanation that required no further elaboration. Amidst these statements, however, the men revealed their childhood experiences of

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crying, and how they came to learn that crying was unmanly. Some men told me that they remembered initially crying when they were beaten, but that they came to learn that beatings would end, not only when they stopped crying, but when they were totally silent:

> I'd have to watch my brother get beaten and he'd have to watch me get beaten, and my memories are of my brother going up and telling my - like my mom was like "Why are you here? Why are you done and he's still going?" And my brother, his response, I remember, was uh, "Because he's making more noise than I was." Because the rule is when he hits you, you're silent. You make a noise, you get more. (Andrew)

Half of the men explained that they learned that crying was associated with weakness: "Men don't cry. If you show your feelings that's a sign of weakness [and] people can take advantage of that" (John), and that controlling their emotions empowered them, particularly with reference to their abusers. Peter shared that as a child, "I screamed and yelled and cried and, and then I stopped doing that because I didn't want to be known as that." He learned, "[My father's] looking for me to start to whine and cry…so I learned to not do that. Because I didn't want him to have a victory." Tom, unable to remember his childhood before age nine, "because it's a complete black," had such limited emotionality, that the first time he *almost* cried was age 15, when the family moved, forcing him to leave a girl he had fallen in love with. Asked about crying when he was beaten by his adoptive father, like Peter, Tom explained, "No. Not that I recall…I just, uh, you know, didn't want to uh, give him any kind of satisfaction."

Crying was also revealed to be a sign of weakness through the use of feminine language to describe it, and by explaining that *not* crying was developed as an acquired (masculine) skill. Ken explained "Men don't cry. They get angry. Lol! And that's the truth. *Women* feel, men get angry." Peter explained his experience of crying as a young child, "When I got [beat] I was crying like a *bitch*!" He elaborated, explaining the ability to limit "soft emotions" as "you're growing up, boys don't cry…And um, you don't want anybody seeing you like that. So those [abilities] are the kind of things you already have in your little *make up kit*."

Joey summed up his experience of limited emotionality in childhood, which represented the experiences of most of the men:

I think we start learning those roles as soon as we get into school…From [grades] one to four, in the playground, [boys] have the same range of emotion and then once they get into school, boys and girls start learning their roles as far as emotional expression goes. And so, boys get reduced to anger and aggression and joy or enthusiasm, um, and all the negative or vulnerable feelings have to be suppressed. And the girls are allowed to express whatever they want still.

Overall, the men learned that soft emotions were unmanly, while aggression and anger were acceptable, masculine characteristics.

Independence-Power

I found independence and power to be overlapping concepts for participants, with each concept a necessary and reinforcing component of the other. I therefore use the term "independence-power" as the overarching theme to represent these concepts. Independence-power was identified as an important aspect of masculinity for half of the men. For some, independence-power was represented by their ability to provide for themselves and/or others. By age 14, Stuart was working to support himself, and by age 15, Martin was financially supporting himself, his mother and his siblings. Martin explained, "I quit school and got a job…I lied about my age and got a job…I was the man of the house then. Mom bought me a case of beer and a carton of cigarettes!" Martin explained that he "was the breadwinner for two years there," and that working to pay the bills represented "being the man of the family [and] had great self-worth feelings for me. Right? ... It put me in a position of power."

One third of the men indicated that independence-power was reflected in their assumption of a protector role. For some, this included the role of financial provider as discussed above. Some men provided emotional support for a parent. For example, when his parents separated, Ed provided support to his father:

When my mom left him, I wouldn't leave him. I couldn't. How could I leave my dad? I mean, he was helpless! He couldn't even cash his own paycheque. He'd never been in a bank. Didn't know how to cash his own paycheque… And I just, I wouldn't leave him. I cooked for him, stayed with him.

For a minority of the men, the protector role involved physically intervening to stop their father from beating their mother. For example, Peter and Martin both consistently tried to prevent or intervene in their mothers' beatings. Martin described these attempts, which began at the age of eight:

So, I was the only one between him and Mom. And so, I got some good beatings … And not really targeted me but because I'm on his back and shit? I was only about 8 or 9, so it was nothing for him to throw me off and shit, but he was hurting Mom a lot. This went on for years.

Uncharted Territory

Most of the men expressed confusion about what it meant to be a man because of the messages previously discussed, because they felt that they had no male role model at all, or because they entered psychiatric or correctional institutions at a very young age, learning about masculinity, in part, within the institution. Some felt abandoned by their role model. For example, regarding growing into manhood, Martin said, that he "tried to carry through [the] sense of honour and respect and commitment" his father modelled before he started drinking:

> Never admitting it and not understanding what it was, but yeah. Always, waiting for something to happen. I know I was always, always, always waiting for the epiphany, the light switch to come on, the door to slam - now you're a man. And it never happened. Our Dad was supposed to do that with me. Dad left. … So, I just bluffed my way through. Yeah. I saw what he did, right? So, I emulated him so I didn't have to know what I was doing. I just - fake it till you make it, right?

Very few considered specific men in their lives to be their role models. Those who did had conflicting thoughts about the men. For example, Stuart told me about a friend's father who employed him as a teenager, and his uncle, who he perceived to be role models. Of his friend's father, Stuart shared:

> [He] used to be a drunk and he developed a business, little short man, but ruthless with the mouth - and the rights, and whatnot. You know, he was just hard core to the bone. … He was a good man, even though he was a hard-core man, he was honest.

About his uncle, Stuart shared:

> He had some issues, just, I still felt close to him, even though he would go off. He used to drink and be gone for 3 or 4 days and then he'd show up and be clean for a month or so. Then he'd be gone again. That was his cycle throughout his life that I remember. But I had him figured out. Like I knew when he was going to go and when he was, yeah. He showed it in his way. What he'd do. If you see someone do something so often, right? And um, yeah. He was still a good man.

In summary, the participants experienced extensive psychological and emotional confusion regarding self-perception, self-identity and masculinity. This confusion influenced the decisions and behaviours of the men as children and as young adults.

4.3. Behavioural Expressions of CPT

The men shared behaviours and types of behaviours that they attributed to the impacts of psychological trauma. I found understanding the reason, motivation, or meaning that the men assigned to their behaviours to be enhanced because generally the men expressed less confusion regarding their behaviours than they expressed regarding the psychological and emotional impacts of the trauma they experienced. While at times, because of their behaviour, many men might have appeared impulsive or explosive on the surface, almost all of the men revealed that these behaviours served a particular function for them. Asked about impulsivity and explosiveness, Peter's declaration, "I was more methodical than that," represented the perspectives revealed by the men.

4.3.1. Methodical Impulsivity

Four themes emerged as drivers of the men's behaviour prior to entering prison. I refer to these as the 4R's, *Resist Abuse, Revenge, Relieve Emotional Overload/Anger,* and *Reputation Enhancement.* Most of the participants indicated more than one behavioural motivation. For example, some participants indicated that early in their lives, resisting abuse was their primary motivator, whereas in their teens or early adult years, revenge was indicated to be their primary driver. Many men also indicated that, in some cases, different motivations applied in different circumstances.

Resist Abuse

Two major types of behaviours were aimed at resisting abuse. The first included running away. More than half of the men (60%) ran away in childhood to avoid physical and/or sexual abuse. For some, running away involved spending most of their time in their room, or "out in the woods" where they could be alone and find safety. Three of the men began running away from home before the age of five, "wandering the streets," hiding under bridges or in abandoned trailers, setting fires, and being brought home by

"the cops" or the fire department. Others were older when they ran away. For example, Mike described his experience by the age of eight:

> I would run away from home for 2 or 3 days at a time. I'd go on the buses and at that time they used to give you a transfer and it'd be good for all night. And every time you go on a bus you just transfer. And I remember numerous times that I'd get to the end of the line on the bus and the bus driver, because I'd fallen asleep, and the bus driver, "Hey where were you supposed to get off?" and I'd make up some story where I was supposed to get off. But after a while a bunch of the bus drivers got to know me, right? So, they'd just phone the cops, right?

For Alex, running away meant avoiding sexual abuse:

> [That's] when I got into trouble, just like breaking into gas stations to get money to stay out all night - because I didn't want to be in at night time cause then 'other stuff' would happen. So, I would sneak out and stay out all night.

The second type of behavioural expression involved a wide range of violent behaviours used by 11 of the men (65%) to resist abuse. For example, two of the men tried to kill their father to escape the abuse or protect their mother, and one shared his experience of beating his father with a baseball bat. Violence was also used as early as age six, as a "red flag" to adults. Stanley described:

> I think the best red flag that I gave out was the time that I went to school and that I got suspended in grade two because I trashed the principal's office. I went in there and I started to throw books on the floor and all that from his library, and his bookshelf, and all that.

Stanley explained that using violence was the most effective way to resist abuse, saying "not believing in my intellectual capacity, well uh, violence was the quick way [to alert adults]."

Others used violence to escape abusive or dangerous situations or environments. For example, Brian explained that although he generally avoided fights, by grade three he was fighting, but only because he was bullied: "Yup – picked on. You gotta stand up for yourself…That's what happens. You got three of them comin' at you for no frikkin reason! What else are you gonna do? Right?" As they aged, the situations escalated. For example, Ed shared his experience of trying to escape an institution where he described the abuse and torture he endured. At age 13, being held in a juvenile detention center, Ed described his violent behaviour as resistance: "I reached

down and I picked up the pail and I clobbered him with it. I hit him hard too. I knocked him right off the fucking stool." Days later, in the same institution, Ed explained another confrontation: "I stabbed him with a pair of scissors, right in the neck." For Ed, these behaviours were not only justified, but were *required*, to escape abuse:

> There was no rules. I was going to do whatever I had to do to get the hell out of that place. You know? And come hell or high water … And I don't regret what I did to that guy. I don't regret it at all!

Ed's narrative revealed how essential he felt ongoing violence was to resisting abuse, "You know, uh, when I was at that [juvenile detention centre] I went to war. That's what I felt like, I went to war. And I fought that war for 30 years, 30-odd years."

Revenge

Almost half (47%) of the men indicated that revenge was a behavioural motivator. While fewer men indicated revenge as their behavioural motivator than the number of men for which resisting abuse was motivational, the desire for revenge was equally powerful, and some of the resulting behaviours were equally extreme. For some, the need for revenge was exceptionally strong and was not necessarily directed toward their abuser. Rather, at times, revenge was more of a general belief or self-required behaviour, a form of 'justice' in cases where the participant felt that they, or someone they loved, had been violated. Stuart and John illustrate this belief and the strength of revenge as a behavioural driver:

> I didn't start anything, but I definitely finished it. You know, if you're going to mess with me, I'm going to finish it…and seldom did I ever lose anything. And if I did, I'm still getting you one way or the other. I was *that* person. You definitely had to worry about whether I was coming or not. (Stuart)

> My theory was, you want to harm me, you're getting it back tenfold. Like it wasn't just equal. It was, I'll make you learn you don't mess with me again. So when I went to straighten things out it was uh, kind of ugly at times. (John)

This group of men shared experiences of developing strategies, in some cases requesting friends assist them to carry out acts of revenge. For example, to avenge an attempted sexual assault of a female friend, Joey explained:

> We called the guy, he was a pizza delivery driver and so we called him up, ordered a pizza, and he came to deliver it and we beat him up. He called it a robbery and so they were looking for us for robbery.

A few of the men achieved revenge less violently. For some, not crying, or "not giving it up" (Peter) to their abusers was their avenue to revenge, and Peter explained a variety of behaviours designed to avenge his stepfather who brutally beat him and his mother. For example, several times he explained the importance of reputation to his adoptive father, and therefore, Peter explained:

> I would get brought home by police and stuff for things and I knew I got him. That was the one way I knew I could get him because the name needed to be respected back in those days.

Two men explained that revengeful thoughts consumed them but said that they did not act out these thoughts. For example, Dan explained, "I was revengeful by nature," but explained that he directed his energy into work and sports. Robert also described his dedication to training:

> All that training that I did and all the motivating me that I did … was all the people that I thought about - the people that abused me. I used to picture their faces on the bag and picture their faces on the balls. Right?

Relieve Emotional Overload/Anger

For some men, revenge provided an avenue to reduce emotional overload, which occurred in two ways. As previously discussed, anger was a dominant and often overwhelming emotion for many men prior to entering prison, and some men indicated that their behavioural expressions provided relief of their anger. Others experienced an overload of emotions other than, or in addition to, anger, and sought out behaviours that provided relief for those emotions.

A minority of men's behavioural expressions relieved feelings of rage or anger. I learned that, to these men, while appearing impulsive, their acts of violence were purposefully sought out. To illustrate, indicating his need for dominance over women combined with his girlfriend's resistance to his domination, Dave sought control by using "intimidation tactics, like smashing things and silent treatment. Yeah, I did all that stuff a lot, but not where it turned to violence." If that was ineffective in controlling her, Dave actively pursued violence to relieve his anger:

> I was not physical with her. I would fight in bars and stuff. That's how I'd take it out. Intimidating, bullying, picking fights … I'd use, you know, not very gentlemanly, you know, more like an instigator role to try to get them to lip off to justify then me punching the shit out of them.

John purposely sought out work where violence was acceptable:

> What helped me release it is I worked as a bouncer in a nightclub, and it was a really rough club. … I knew how to handle myself. I was sober, the trouble makers were drunk, and all the anger that had been building up - if they stepped out of line I could unleash that. It got pretty ugly at times but I cleaned up the club. It was a release for me, which was not good, because these people were getting the wrath of other people's problems.

Other men experienced overwhelming emotions other than anger and engaged in behaviours that provided relief. For example, Joey shared the feelings of helplessness he experienced witnessing the rape of his mother, the guilt he carried from that experience, and the relief he achieved by seeking revenge on other male, sexual abusers:

> I had a lot of guilt and shame and rage over that for many years, and once I learned that fighting protected me from bullies, I thought "Well, I can apply that to sexual predators too" and so I started taking it on myself to be, sort of, a vigilante. And it wasn't even so much getting revenge for them. I think it was more for myself, to try and rebuild my self-esteem for not having protected my mom, right?

Because of their CPT, many of the men said that situations of quiet or calm, or where 'soft emotions' were demonstrated, resulted in emotional overload for them. Others experienced constant and overwhelming emotional pain. A third of the men (35%) experienced "black-out periods," that is, whole segments of childhood that they could not remember, and two described experiencing emotional overload during abuse as "an out of body feeling, it's more like a numbness" (Andrew). Others learned to relieve their own pain. Joey explained, "I learned to sooth my own whims, and uh, you know, some of them I did well, and some of them I didn't do so well, and some of them just festered and came out in twisted ways." To counter this overload, most men described disruptive behaviours in school. Ken explained his inability to concentrate, "I was so fucking hyper my *mom* did Ritalyn!" and in school he explained his difficulty concentrating as, "Big time! BIG time. That [inability to focus] was my biggest problem in school. I could not wrap my head around anything." An inability to concentrate in combination with "huge anger issues" (Stanley) resulted in behavioural issues in school,

beginning as early as age five. To illustrate, Robert said "I started getting the strap at five years old, not for being a bad kid, it was just for being hyper." Stanley, first suspended from school in grade two, shared his experience:

> The thing is, is that I was acting out and the biggest concern, the concern when I grew up at school, wasn't my academic performance, it was my behaviour. Ok? They were more concerned with how was I going to behave today without disturbing the class than actually learning because I was always disturbing [others].

Some of the men experienced school as another place to get beat up or bullied. Alex described school as:

> Just a place where people bugged me and, because I stayed alone and was different from the other kids - kids pick up on those things. That was just another place where I would get aggravated…

Accordingly, either to relieve feelings of anger or emotional overload, many of the men simply "skipped" school, failed out of school, or were "kicked out." Skipping school began for some, as early as kindergarten:

> I hated school. I never wanted to go to school. I didn't like it. I didn't want to be there. I failed grade 1, yup. I failed grade 1, can't remember about grade 2. Grade 3 I was in and out of the principal's office every day – fights, skipping school, didn't want to be there. Grade 4 was the same thing, skipped grade 5, failed grade 6, failed grade 7, failed grade 8 three times, … [I wanted to be] anywhere but there. The first time I skipped school was kindergarten. (Brian)

Fifteen of the participants' narratives (82%) indicated some type of emotional relief associated with their skipping out, failing out, being kicked out, or dropping out before completing high school. Of those men, ten stopped attending school prior to high school and five attended some high school before quitting.

As they aged, the men also sought out activities and work that provided them with an adrenaline rush, which they experienced as relief. Martin explained, "I craved it! Cause then I was always on the edge, right? The high adrenaline, uh, anything that made me alert, that kept me on the edge." Martin found "it" through "drinking and adrenaline-driven jobs - logging, mining, fishing, iron-working."

Most of the men (65%) turned to alcohol, drugs, or hyperventilation/pass out games, partying as early as age 12 to relieve emotional pain. For example, Stuart

explained that drinking reduced his feelings of low self-esteem, and Tom's introduction to the hyperventilation/pass out game, at the age of 12, was his first experience of happiness. For some, high-adrenaline producing activities provided relief. In addition to adrenaline producing jobs and parties, Andrew shared his activities as an early teen:

> I started smoking weed and skipping out of school and going to the go-kart track all the time. I remember that as plain as day. Driving those little go-karts? Oh, that was great! … Yeah. The [adrenaline rush] to me it was an escape. It was a world where it was *just me* in that car, and I had control of my world at that time. Yeah so I enjoyed it. Yeah. Every chance I could. At least two times a week. I'd even go there if I didn't have money, and, because I eventually got to know one of the mechanics, and you know, he'd let us ride the odd racing go-kart, which, of course, that's a rush. You can't take it on the track by yourself unless you're an experienced rider and you could prove that … These things, they were way too fast for me. Like I'm just a young kid. Sure, I could drive a car that fast but … But it scares me to go that quick in something.

A few of the men described over-achieving as a method that reduced their overwhelming emotions. For example, Dan described himself as excelling in sports, academics, and ultimately his work, as compensating for his feelings of worthlessness. John explained:

> You're told you're stupid. You'll never amount to anything. So, whenever I learned something I had to learn it the hard way, and I had to excel at it. That way I could never be humiliated… I didn't just learn, I excelled.

Three of the men indicated that, at least at times in their lives, they suppressed their emotions to the extent that they experienced relief for their emotional pain only in their attempts at suicide.

Reputation Enhancement

A prevailing issue for 12 of the men (71%) was the importance of reputation. Two important elements of reputation emerged: components of their reputation and function of their reputation. Limited emotionality, domination, and independence-power, the aspects of mask-ulinity discussed in Section 4.3.1, formed crucial reputational components for the men. Because of the important functions of a reputation based on these characteristics, the men revealed that they invested extensive energy into the intentional creation and maintenance of their reputations. For them, behavioural decision-making was heavily based on reputational enhancement.

I learned that their reputation provided safety for many of the men. To illustrate, Joey, who described himself as "a small boy" who was beat up at school and at home, shared a defining incident in grade six:

> I finally got tired of being bullied. One of the biggest kids in school, big farm kid, and I seen him picking on my brother…so I went and beat him up. And it was a small town so everybody gathered round … the kids at school left me and my brother alone after that, so I kind of learned that, well, you can use violence to repel violence.

Having learned the benefit of a reputation of domination and violence, Joey applied this lesson to acquire ongoing safety:

> My first day in high school when we moved to [a new city] – actually, it was the third day I was there. I got into a fight with a bully there. He wasn't even bugging me but I didn't want him coming near me and I seen him bugging another kid. So, I thought, "Well I'll make sure nobody's going to bug me here at this school too." So, I challenged him to a fight and it turned out to be a huge spectacle because he was [so tough] and um, I kicked his ass. So, everybody kind of, you know, they're like, "oooh" so nobody bugged me after that.

As well as physical safety, reputation provided emotional safety. As voiced by Peter, attaining safety through a tough reputation meant, "I wasn't looked on as someone that could be told, 'you go and get that for us and get that for us,' and I'm not just a little punk for someone." To enhance his reputation, Peter said that fights were common as a child, and by grade three, "recess was for learning to beef [fight]." The men therefore went to great lengths to protect their reputations, refusing to "back down" at all costs. For example, when Peter was a teenager, his father picked him up and threatened to throw him down a flight of stairs in front of his girlfriend. When Peter's mother intervened, he was put down. Peter's shared response to his father putting him down demonstrated the importance of his reputation as a man willing and able to fight, and especially revealed the importance of not backing down:

> As soon as I hit the ground I came back up and [motion with fists] gave him a shot … I still got my beating, but it was okay. I didn't want her [my girlfriend] to think I was a wimp.

I learned that in addition to safety, a reputation of masculinity served a relational purpose for the men. As previously discussed, most participants felt that because they were somehow "damaged," they didn't "fit in." For some, a reputation including a

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combination of the elements of masculinity provided respect and belonging, as Ed's narrative demonstrates:

> I got hooked up with people that were fairly significant level traffickers and criminals. So, by the time I was like 15 or 16, I was involved deeply in criminal things. Right? And at that point, it was, I mean, what do you do? You're a 15-year-old kid and you got a suitcase full of money and uh, you know, piles of drugs, lots of respect and, you know, friends that will basically be there for you no matter what. You know, the proof was in the pudding…And um, at the, it seemed a pretty … the risk that went with the reward was worth it at that time.

For some men, masculinity, specifically domination, independence and power, was reflected in the "Robin Hood" reputation (Andrew) they maintained by obtaining money criminally, in part, to secure relationships. Andrew shared, "I [would] go out and rob banks and stuff like that, and I [would] give the money away. Like to people to pay off debts or to help them party or whatever." And then, as Martin summed up, "and then all the money was gone and nobody liked me again."

For others, like Mike, a reputation of limited emotionality provided physical and relational *safety*. Mike explained that he was able to maintain distance in his relationships by "keeping to [him]self" and thereby ensure his freedom:

> I started to not have anything to do with psychologists because I was worried about them saying that I was crazy and then I'd be in an asylum and be, what do you call it, I was worried about being committed and then I'd never ever get out.

The relationships created through the careful development of a reputation of masculinity provided safety insofar as belonging and competence are concerned. To illustrate, Peter explained:

> But later on there were rules and – there were certain rules in [certain] gangs. And certain rules [among] … criminals. And all the stuff that I learned later. And if you played along in those rules then it would be ok. You could get along with stuff. I'm getting the sad end of the stick down there [at home, at school]. Why don't I try this other way?

In summary, as a result of CPT and the psychological impacts they experienced, the men grew up making decisions based on the satisfaction of four goals, including resisting abuse, attaining revenge, relieving emotional overload/anger, and reputational enhancement, which I collectively refer to as the 4Rs.

4.4. Discussion: The Experience of Abuse and Trauma

The data are consistent with research establishing physical, emotional and sexual abuse and neglect as traumatic experiences in childhood (See D'Andrea et al., 2012; Herman, 1992; van der Kolk et al., 2009). Participant experiences are consistent with Criteria A of the proposed category of Developmental Trauma Disorder[45] (van der Kolk, 2005; van der Kolk et al., 2009). The data are also consistent with psychological and psychiatric understandings of CPT as having overwhelming, and long-term psychological, emotional, cognitive, and behavioural impacts (See van der Kolk 2005/2007). All men in my study experienced Type II Trauma (Terr, 1990/2003), also referred to as Complex Trauma (Herman, 1992), which is characterized by "long-standing or repeated exposure to extreme external events" (p. 328), or Type III Trauma. Type III Trauma involves victimization by multiple perpetrators, often close relatives, begins at an early age, and involves extremely violent abuse (Solomon & Heide, 1999). One participant experienced Type I Trauma (one sudden psychological blow, i.e. death of both parents); however, this participant experienced the ongoing stress of parental loss and homelessness (self-sufficiency), consistent with Crossover Type I-Type II Trauma, which manifests characteristically similar to Type II or Complex Trauma. The participants were, as Perry and Szalavitz (2006) explained, "born into and raised with chaos, threat and trauma … [and] incubated in terror" (p. 35). The themes that emerged illustrate the serious psychological impacts of the CPT that molded the lives of the men prior to entering prison.

4.4.1. Shattered Identity

A primary result of CPT is the inability to develop a sense of self in an environment of pervasive terror, and this manifests in several ways. First, secrecy regarding abuse was important to the majority of men, in most cases due to their fear of family betrayal, and in some cases due to fear of increased abuse. Some men indicated

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[45] See Van der Kolk (2009) for a discussion of "Consensus proposed criteria for developmental trauma disorder" which states that Criteria A includes "The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including: 1. Direct experience or witnessing of repeated and severe episodes of interpersonal violence; and 2. Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver; repeated separation from the primary caregiver; or exposure to severe and persistent emotional abuse" (p. 6).

that a requirement to maintain silence was invoked either directly or indirectly by their caregivers, and most men maintained silence throughout their childhood and well into their adult lives. These men experienced feelings of helplessness and hopelessness because they were unable to escape or protect themselves and their mothers from violence. These feelings and behaviours are consistent with the research of van der Kolk (2005), who found that helplessness and hopelessness form a central proposition of the shattered self. This finding also supports assertions that children who are abused in the home experience a "biological paradox" (Siegel, 2012, p. 21-10), which refers to the dilemma of being caught between their survival instinct of getting away from their abuser and their attachment circuit which compels them to move *toward* the adult for protection. This paradox creates an "unresolvable war" of terror that produces feelings of helplessness and prevents the construction of a healthy sense of self for these children (Siegel, 2012; Siegel et al., 2016).

Research also reveals that misleading explanations and a "conspiracy of silence" commonly invoked in cases of child abuse result in children organizing their behaviour around keeping the secret (Pynoos et al., 2007, p. 349), shaping their behavioural decision-making as well as their self-perception. According to van der Kolk (2005) and Pynoos et al. (2007), misleading explanations and invoked secrecy produce *cognitive confusion* for abused children, and they must address this confusion to develop a sense of self. To reduce this confusion, children attempt to make meaning of the violence they are experiencing, and the schema developed to facilitate meaning making impacts the development of the self (Bloom, 1997; van der Kolk, 2007). Cognitive confusion was prevalent among the pre-prison lives of all participants, and the participants revealed numerous meaning-making strategies to counteract their confusion. Almost all participants assessed themselves as "damaged," and described themselves in terms of being "a mess," or "broken," and having "low self-worth." Many assigned blame and blame-worthiness to themselves saying that they "deserved" the abuse. This finding supports assertions of Solomon and Heide (1999), Lewis (1992) and Janoff-Bulman (in Bloom, 2001) who found that to preserve the world as fundamentally just, abused children often *decide* that they deserve beatings due to a fundamental flaw within themselves, or that they deny or minimize the abuse by deciding that it was just discipline. By doing so, abused children make meaning of the violence by reducing their own self-worth but preserve the sense of "intactness of the family" and maintain a sense

that justice exists "*somewhere*" in the world; thus, they avoid "cognitive-emotional chaos" (Bloom, 2001, p 12). By making meaning of the violence in this way, however, the data also lend support to research indicating the abused children's assumption of the world as benevolent and safe *for them* is shattered prior to ever having been established (see Bloom, 1997, 2001; Herman, 1992).

The participants indicated that as children, they felt unable to successfully navigate their way through the world, that they were fundamentally "flawed," "different," or that they "didn't matter." They felt that they had no autonomy over what happened to them and that attempts to change their experience were futile. These findings support research indicating that trauma shatters autonomy, and the impact of this shattering is that abused children who attempt to develop a sense of self in a violent environment are unable to develop belief in their significance, competence, and inner worth (Bloom, 2001; Siegel, 2016). They also fail to develop a critical developmental step, "mastery over the environment" (Bloom, 1997, p. 31), compounding their sense of worthlessness and helplessness. Further, while self-blame provided meaning and a sense that justice exists *somewhere* in the world, the concurrent unpredictability and unmanageability of their own experiences resulted in the loss of their belief in a just world. Lack of this belief, which posits that good things happen to good people and bad things happen to bad people, results in overwhelming anxiety, an undeveloped sense of competence, and an overall inhibited cognitive-emotional ability (Bloom, 2001).

The participants experienced both emotional confusion and limited emotionality in childhood. Most indicated that anger and shame were their dominant emotions and that they found soft emotions[46] to be confusing and uncomfortable. Some men experienced, but did not express, fear, and some men experienced suppression of all emotion, experiencing periods of "total blackout," "clouds," or periods where they had no memory at all. These findings are consistent with extensive research which maintains that the dominant affects of unresolved trauma are anger, fear and shame (Bloom, 1999; van der Kolk et al., 2009). For example, Bloom (1999) and Terr (2003) found unmanageable anger to represent a signpost of unresolved trauma, and Levine (2010)

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[46] For a discussion of hard and soft emotions, see Sanford (2007), who explains that hard emotions, also referred to "selfish emotions," include such emotions as anger, contempt, and aggravation, while soft, or "pro-social emotions," include relationship-oriented emotions such as hurt, sadness, and disappointment.

explained that "aggravated rage" (p. 64) is a biologically appropriate outcome of violent victimization that is necessary for survival. Levine (2010) found that traumatized individuals often oscillate between terror, rage and shame, and "emotional convulsion" or shutdown to such a degree that even they cannot understand or tolerate their own emotions (p. 263) and van der Kolk et al. (2009) emphasize extreme affective shifts and an inability to manage anger as aspects of Developmental Trauma Disorder (DTD).

Shame researchers report that the experience of shame physiologically mirrors a traumatic experience, producing "cognitive shock" (Nathanson, 1992) and compounding feelings of weakness and inadequacy (McFarlane & van der Kolk, 2007), and unworthiness and disconnection (Misiak, 2017). The data also lend support to findings of Bloom (1997), Levine (2010) and van der Kolk (2007) who found that due to the powerful connection between the human emotional system and the autonomic nervous system, the emotions produced by fearful, violent environments can be overwhelming and life-threatening to traumatized children. Because they have not been taught strategies to soothe emotional pain, their experience of emotional distress is heightened, while their capacity to cope is decreased (Haskell, 2012; Misiak, 2017). Unable to escape the situation, these children experience dissociation or emotional numbing. Solomon and Heide (1999) report that it is typical for these children to experience emotional numbing with underlying rage, while Bloom (2005), Levine (2010) and van der Kolk (2007) report that extreme emotional numbing may involve a physiological separation of memories from consciousness, resulting in brief or extended periods of amnesia. Emotional numbing and periods of amnesia were common among many of the participants.

Some participants reduced overwhelming emotions by avoiding people or places that presented discomfort, while many participants were drawn to people and activities that they experienced as providing a "rush" or "adrenaline rush." The experiences of the participants support van der Kolk (2005) and Haskell (2012), who report that because traumatized children paradoxically experience "stress addiction" or "addiction to trauma," they seek out endorphin-increasing activities. These activities produce internal equilibrium, experienced as calm in otherwise stressful or potentially traumatic situations. These children were experienced as hyperactive and they antagonized others, bullying them in childhood and adolescence, and escalating to risk-taking behaviours and violence that provided emotional relief in adolescence and adulthood.

In addition to emotional and cognitive confusion, the deep lack of trust and the consequent inability to form and maintain relationships is consistent with previous trauma research. Almost all men indicated that they experienced extreme distrust and went to great lengths to avoid relationships. This avoidance extended to people "in general," who participants viewed as fundamentally different, and as having different interests and emotional capacities than the participants. The men believed that they, themselves, didn't "fit in" or "belong." For almost half of the men, the disconnection and feeling of being different was so strong that they expressed contempt and hatred, developing a belief in themselves as the conceptual "other." This finding is consistent with those of Perry and Szalavitz (2006) who conclude that relational loss, which they describe as the "shattering of human connection," is the most important, and most profound, destructive aspect of all trauma. Children having experienced complex trauma and DTD often appraise themselves and others as threatening, becoming distrustful of others and withdrawn and disconnected from other humans (Heide & Solomon, 2006; Misiak et al., 2017). The data are also consistent with research that found abused children's profound sense of mistrust may be so intense (Haskell, 2012; Misiak et al., 2017), that they harbor intense rage and hatred towards anyone the reminds them of their own helplessness (Bloom, 1997; Solomon & Heide, 2005), and that they experience an "inner sense of hatefulness" (van der Kolk, 2007, p. 198; also see Misiak et al., 2017) that is expressed through social isolation and relationship avoidance. When participants did form relationships, they did so with people who they perceived to represent the "other," being "crazy" (Stuart), risk-takers (Martin), traumatized (Peter) and criminal (Ed), consistent with "trauma-bonding" (Bloom, 1997) whereby untrustworthy, destructive relationships become normal and sought out, and nurturing relationships are difficult to endure, so they seek out dangerous or abusive relationships.

In sum, the men expressed childhood and pre-prison psychological experiences consistent with the experience of "massive overload" (Bloom, 1997). As a result of CPT and their consequent shattered sense of self, they grew up cognitively shocked, chronically hyper-aroused, stress-addicted, trauma-bonded, and emotionally confused. More clearly, they grew up feeling helpless, worthless, confused, fearful, shameful, angry and disconnected.

4.4.2. **Behavioural Repertoire**

The data provide support for previous research regarding behavioural impacts of CPT. In addition to withdrawal and social isolation, the participants shared their pre-prison experiences of oscillating between social withdrawal and social aggression and between periods of calm and bouts of anger. They ran away, bullied others, set fires, disrupted social (school) settings, and engaged in extreme physical violence against others, all of which are identified throughout the trauma literature as behaviours consistent with the impacts of CPT (See Bloom, 1997; Perry & Szalavitz, 2006; van der Kolk, 2007), particularly the externalizing behaviours of males (Read et al., 2001; Misiak et al., 2017). Literature pertaining to the behavioural patterns of traumatized children is rife with reports of inconsistent, unpredictable and impulsive behaviours. For example, Haskell (2012) reports that these children become focused on short-term survival, "doing whatever they can to keep themselves out of pain" (p. 15). Research includes descriptions of these children as aggressive, oppositional, or defiant (Bloom, 2001), oppositional, rebellious and anti-social (van der Kolk, 2005), and irritable, anxious and aggressive (Perry & Szalavitz, 2006). Almost all participants shared experiences of becoming increasingly and more consistently aggressive and violent as they aged. This research supports assertions of Terr (2003) and Misiak et al., (2017), who found that patterns of aggressiveness become habitual early in the lives of abused children and are consistent with Haskell's (2012) assertion that these children become increasingly survival focused because they lose the expectation that they will be protected. It also corroborates research of Perry et al. (1995; and Perry, 2001) who argue that aggression is not merely habitual for these children; rather through physiological adaptation, "states" of hyperarousal (and consequent impulsive, aggressive and violent behaviours) that initially serve as physiological survival strategies become "traits" as abused children mature into adolescence and adulthood.

Life Course Theory

Almost all participants developed maladaptive behavioural patterns that escalated as they aged. Further, most men shared their experiences of CPT as something they *always* experienced, that began so early that there was no "beginning," or that they experienced extended periods of amnesia in early childhood (which they perceived to have involved sexual abuse) followed by years of abuse. Finally, the men

experienced maladaptive behavioural escalation as outcomes of their own deficiencies as well as consequences of peer, parent and other caregivers, teachers, and other authority figure responses. For example, running away, an inability to concentrate, social withdrawal or disruptive behaviour in early childhood was met with rejection and bullying by peers, increased abuse from caregivers and punishment from authority figures such as teachers and administrators. These behaviours were treated as acts of defiance by bus drivers, social workers, and police, who returned them to their abusers. In addition to consistency with physiological impacts provided by trauma theory, these findings are consistent with life course theory, particularly Moffitt's (1993) concept of the life-course persistent offender whose antisocial behaviours originate in their experiences of neurological developmental disruptions and neuropsychological impairment very early in childhood. The data corroborate Moffitt's (1993) offering of child abuse and neglect as a potential cause of these deficits and antisocial behaviours, and her emphasis on *continuity* as the "hallmark" (p. 679) of the life-course persistent criminal trajectory.

My findings provide support for two additional concepts central to life course theory. First, the interactional nature of the escalation of anti-social and criminal behaviours experienced by most participants substantiates Thornberry & Krohn's (2005) concept of "causal loop" (p. 198). Through the causal loop, anti-social behaviours generated as a result of a combination of neuropsychological deficits, negative temperament, anti-social behaviours and "cumulating and cascading consequences" (p. 198) were reinforced, embedded into the criminal trajectory and persisted over an extended period of time. Second, participants discussed transitional life events that represented changes in their perceived social status (to some form of "other"). More importantly, many men indicated specific single events through which they experienced adaptation to these events as indicative of a *confirmed* social status or criminal trajectory; the men *became* the "other," but this single event was embedded in their current life trajectory. While this finding extends the offerings of Elder, Gimbel & Ivie (1991) who provide turning points as an abrupt *turnaround* separating past from future, and Sampson and Laub (1992) who present the *adaptation* to specific life events as turning points that *redirect* the life-course trajectory (p. 264), it also supports the nature of turning points as a "part of a process over time" (Laub & Sampson, 1993). Rather than an abrupt turnaround or a redirection of the life trajectory, however, I suggest that a turning point may represent a psychological development that *confirms* the permanence

of a deviant, or criminal status, and ultimately the life-course trajectory (i.e. Peter: "I saw things that I liked from the other side that I wish I could have been part of, but I'm now wearing another face"). The turning point, for some, is a confirmation of adaptation to transitional events, and therefore a confirmation of the criminal life-course trajectory.

Mask-ulinity Trumps Humanity

The data regarding behavioural expressions of CPT confirm previous research indicating behavioural patterns of impulsivity as prevalent among CPT survivors. Particularly relevant are the themes of 'resist abuse' and 'relieve emotional overload.' Some participants expressed patterns of inability to control their own behaviour during experiences of anger and engaged in behaviours that are common with stress-addiction (discussed above) to find emotional relief. For many, these impulsive and violent behaviours provided avenues to escape abusive, threatening or dangerous situations. These expressions are consistent with research findings that uncontrollable anger and rage is expressed behaviourally as a result of reactivation of the threat-induced hyperarousal response based on past experiences; the maladaptive behaviour is a conditioned physiological "fight or flight" response to threat (Perry et al., 1995; Perry & Szalavitz, 2006) that occurs automatically, without consideration of potential consequences. More importantly, Perry and Szalavitz (2006) and Sapolsky (2004) explain that these reflexive, impulsive, aggressive behavioural responses occur in situations involving *any perceived or anticipated* threat. They further maintain that perceived and anticipated threats are experienced in response to incidents which may seem insignificant or ordinary to others, and for this reason, the behaviour appears impulsive and unpredictable to caregivers, authorities and other observers, and is experienced as confusing to the traumatized child or adolescent.

My data also suggest however, that many of these behaviours were predictable, and even sought out, by the men. To explain, themes that emerged regarding learned masculinity prove particularly relevant to understandings of participant violence as impulsive acts. The participants learned in childhood that dominance and violence, independence-power, and limited emotionality were *required elements* of manliness. For instance, in childhood, participants learned to fight to *"be a man"*; they learned that factors of manliness must be maintained at all costs. For the participants, being a man was more than a way of acting or a temporary facade, it was a way of *being.* These concepts became a part of their core identity. Accordingly, any threat to competence in

any of these areas represented a threat to their core identity and therefore to their very *survival*. Therefore, these threats triggered reactivation of the threat-induced hyperarousal response discussed by Perry et al. (2001) and Sapolsky (2004).

This finding provides some support for the classic work of Alfred Adler, who insisted that all humans strive for the fundamental need of belonging and connection in a continual and innate struggle to feel worthwhile and significant, and that the most significant threat to this connection and belonging is a feeling of inferiority (Ansbacher & Ansbacher 1956, p. 102-104). While Adler believed that all behaviour has purpose and is goal-directed (Kottman & Stiles, 2013), more specific to males, Adler asserted that power is the symbol of masculinity and that the primary life-goal of boys is to achieve and maintain *superiority*, denoting them to be "a real man" (Dreikurs,1950, p. 47). His concept of "masculine protest" (p. 48) posits that all boys and men must continuously protest *any* treatment that challenges this power and potentially lowers their value. Adler maintained that converting feelings of inferiority into feelings of significance is accomplished not by compensating for inferior feelings, but *always* by overcompensating, through four goals of misbehaviour, which include the following:

i. *Attention seeking -* often identified with disturbing behaviour as well as overachieving, perfectionist behaviour; a sense of belonging is achieved only when they are noticed, through which they become the best, or at least better than others.

ii. *Struggle for power -* sense of belonging only when refusing to do what others want them to do. Defeating an order produces a victory.

iii. *Revenge -* engaged in after attention-seeking and power struggle have failed to achieve a sense of belonging, the children believe all adults are against them, and the only opportunity for recognition (or significance) is retaliation.

iv. *Display of inadequacy (display of disability as excuse) -* giving up attempts to succeed occurs when the child believes they are incapable of doing *anything*. Withdrawal hides how discouraged they feel about life.

(Dreikurs & Grey, 1990; Ansbacher & Ansbacher 1956)

Whereas the data lend support to Adler's life-goal of boys, that is, to achieve superiority (or at least initially to dispel inferiority), through the display of power, revenge seeking and display of inadequacy, I found disparity insofar as his misbehavioural goal of attention-seeking is concerned. A minority of my participants' behaviours reflected attention-seeking as they revealed their need to excel in academics, sports, and later in work. The majority of participants, however, revealed these behaviours in school either

as an avenue to get help or because they were physiologically unable to behave according to societal expectations, rather than as a desire to "prove his value" (Dreikurs and Grey, 1990, p. 37). It is possible that this disparity results from participant representations of their reflective perceptions, but it seems more likely that the impact of CPT was unaccounted for, as this area was little explored at the time of Adler's work, and that contemporary understandings of impacts of CPT extend this goal.

My data support, however, Adler's emphasis on the importance of boys engaging in "protective tendencies" to protect against disparagement, disgrace and humiliation by achieving "complete manliness" (see Ansbacher & Ansbacher 1956, p. 111). Adler argued that the goal of superiority is so "enormous" that it "draws all psychic forces in its direction" (Dreikurs, 1950, p. 48). Contemporary research has since been conducted on masculinities,[47] particularly regarding the impact of shame as it relates to masculinities and extends this argument. My findings corroborate this contemporary literature that provides general characteristics of various masculinities, particularly hegemonic masculinities which dictate that "real men" must suppress emotions (other than anger), maintain superiority and dominance (over women and other men), demonstrate strength and control (of people and circumstances), never back down (from violence), always solve problems independently (never ask for help), and use violence to solve problems (Newsom, 2015). Kimmel and Mahler (2003) refer to a cultural "boy code" which requires young boys to become "stoic, uncommunicative [and] armor-plated" men (p. 1450). Any violation of these 'required' characteristics is considered to make one less of a man. My findings also support previous research indicating that threats to masculinity increase arousal (Ben-Zeev et al, 2005), increase desire to gain control and status (Kimmel & Mahler, 2003) and reduce ability for self-control (Muraven & Baumeister, 2000). Further, Funk and Werhun (2011) found that masculinity is a "fundamental source of social identification" (p. 15) that men must be prepared to prove at all times, and that threat to

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[47] See Ricciardelli, Maier and Hannah-Moffat (2015) for a discussion of prison, normative, and hegemonic masculinities. Ricciardelli et al. (2015) argue that masculinities are "fluid and transient" (p. 492), that environmental influences impact forms of masculinities, and particularly, that the prison masculinities are "temporal, malleable and partially contingent on local prison environments" (p. 493). According to these authors, prison masculinities shift as a result of "gendered vulnerabilities" (p. 508) that are inherent in the prison environment and culture, and that present various physical and emotional risks or vulnerabilities. Prisoners navigate these risks by employing "adaptive strategies" (p. 509) according, in part, to their masculine subjectivities and the penal context. Although some referenced research does not differentiate between various masculinities and an in-depth analysis of various masculinities was beyond the scope of this study, in recognizing the nuances articulated above, I use the term masculinities.

one's gender role produces significant impairments to cognition and self-control and increases strength.

My findings reveal that violent behaviours are perceived as necessary and justified, thus in many cases, are sought out. These findings support Gilligan's (2001) theory of violence which designates masculinity, and ultimately shame associated with threats to masculinities, to be the primary *cause* of violent behaviours. Men who embrace the characteristics associated with hegemonic masculinity represent "hyper-masculinity" or "machismo" (p. 65; also see Newsom, 2015). According to Gilligan, however, because of the strength of masculinities as a self-concept necessary for survival, any personal insult or disrespect related to any aspect of one's masculinity causes the most powerful, "inescapable and ineradicable shame," which equates to "social and psychological annihilation" (p. 72). My findings are consistent with Gilligan (2001, 2003), who found that because the very survival of a man depends on replacing that shame with respect, and because men who have been severely abused in childhood experience this as achievable *only* through violence, any guilt or remorse associated with violence is eradicated through justification of its use as necessary for survival. Living in a constant state of fear and threat, these men learned early in life that contrary to the popular aphorism that "violence begets violence," for them, violence provided safety.

In summary, the men in my study revealed their childhood and pre-prison behaviours as a struggle for survival and safety. Their experiences of constant physical and/or emotional threat drove behaviours that they perceived as necessary for survival both physically and psychologically. For many, adopting a hyper-masculine self-concept which centers on power, aggression, dominance and violence, was equated with safety, requiring consistent proof through a variety of revengeful, violent, reputation-building, and justified behaviours.

4.5. Conclusion

Participants experienced a lack of safety (i.e. incapacity for self-preservation, shattered belief in a just world), autonomy (i.e. helplessness, powerlessness, and lack of control), and relationships (i.e. inability to fit in, belong, or connect to others in relationship) in their childhoods and pre-prison lives. Over time, many developed a

sense of self that equated violence with survival, survival with safety, and establishing, maintaining and defending their masculinities with that survival and therefore with safety. They adopted mastery over their environment through survival techniques and behaviours that encompassed violence and developed trauma-bonded relationships that proved their ongoing masculinities. Through consistent resistance of abuse or threat, and through revenge, limited emotionality, and development of their reputation, the men created and maintained control in their lives.

Chapter 5.

Prison: An Extension of Trauma

As a group, participants perceived their experiences of childhood psychological trauma (CPT) to have significantly impacted them during their imprisonment, and they also perceived the prison environment to have compounded the impacts of CPT. In this chapter, I explore the participants' experiences in prison, particularly as they relate to extending pre-prison CPT. By exploring the experiences of CPT and the impacts of those experiences discussed in Chapter 4, I provide the foundation of how participants experienced the world before they entered prison. In this chapter, I explore participants' experiences of healing during incarceration, and how participants, as prisoners, perceived and experienced factors of trauma healing within the prison setting, particularly as inter-prisoner (I-P) relationships contribute to healing.

5.1. The Prisoners

Seven participants (41%) entered the adult prison system between the ages of 15 and 17 years,[48] eight men (47%) entered adult federal custody between the ages of 20 and 30 years, and two men (12%) were over the age of 30. Offence and incarceration details are provided below in Table 5.1. Some participants identified one index offence and one sentence; most participants were incarcerated for multiple convictions, although the number of offences is not indicated. For the purposes of presenting context, I use the term "murder" to include first or second-degree murder, a combination of both, or multiple murder convictions.

Time served in prison ranged from 10 to 40 years, with an average time served of 20.5 years. Table 5.1 indicates the length of imprisonment by range of years. Four participants entered prison, subsequently escaped and committed further offences while "on the run," or were conditionally released and committed new offences within a brief period of time and were returned to prison. These new offences resulted in the overall

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[48] Some of the men were sentenced to federal custody under the *Young Offenders' Act (YOA)* and some under the *Juvenile Delinquents' Act (JDA)*. One man indicated that his entry into an adult prison as a youth was "an administrative mistake" that was never corrected. To maintain anonymity, details are not provided.

length of incarceration being longer than the initial sentence they received. Table 5.1 contains the overall length of incarceration, excluding time at large or on brief releases.[49] All men spent at least one period of ten consecutive years in prison.

Five men were granted parole but were returned to prison for breaching one or more of their parole conditions. Table 5.1 indicates the length of time between the date of the men's most recent release from prison and the date of their first interview. Seven men had been living in the community for less than one year, seven men were living in the community for one to five years, two men had been living in the community for between six and ten years, and one had been living in the community for more than ten years. Ten of the men were living in a Community Residential Facility and seven were living independently in the community at the time of their first interview.[50]

Table 5-1   Prisoner offence, time served and release

Name	Offence	Time Served (years)	Time since release (years)
Alex	B & E, theft, armed robbery, weapons, escape custody	26 - 30	1 - 5
Andrew	Armed robbery, escape custody	10 - 15	< 1
Brian	Murder	16 - 20	< 1
Dan	Murder, attempt murder	21 - 25	< 1
Dave	Murder	10 - 15	< 1
Ed	Armed robbery, attempt murder, escape custody	> 30	>10
Joey	Murder	16 - 20	1 - 5
John	Sexual assault, unlawful confinement	21 - 25	1 - 5
Ken	B & E, weapons, bank robbery, escape custody	> 30	< 1
Martin	Armed robbery, escape custody	26 - 30	< 1
Mike	Murder	21 - 25	1 - 5
Paul	Murder	10 - 15	6 -10
Peter	Murder	26 - 30	1 - 5
Robert	Sexual assault	10 - 15	< 1
Stanley	Murder	> 30	1 - 5
Stuart	Manslaughter	10 - 15	1 - 5
Tom	Murder, escape custody	16 - 20	6 -10

The men's perspectives are based on experiences in a wide variety of Canadian federal prisons, including 31 prisons from every region of the CSC (see Appendix L for a

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[49] Time at large ranged from one week to three years, and duration of time spent in the community on release ranged from one day to one year.

[50] The living arrangements of at least one participant changed during the course of data generation. For consistency in data reporting, I use the first interview of each participant as the identifying point for living arrangements.

complete list). Three of these facilities were closed at the time of this study. Another three facilities had undergone a security level or name change prior to the study, but were experienced by participants as their current, as well as former, names or security levels.[51] In addition to pre-trial detention and provincial jails,[52] participants were held in a range of three to 12 federal correctional facilities during their imprisonment. Because prisoners experienced transfers between institutions for a variety of reasons (e.g., program availability, disciplinary reasons), few prisoners cascaded directly from the highest to lowest security level and into the community. More commonly, participants experienced an erratic process reflecting increases and decreases in institutional security level. Participants were held in between three and five different security levels during their imprisonment. Table 5.2 indicates the number of participants that were held in each security level at some point during their incarceration.

Table 5-2   Number of participants by institutional security level

Security level	Number of participants
Maximum	14 (82%)
Medium	17 (100%)
Minimum	12 (71%)
Healing Lodge	5 (29%)
Special Handling Unit (SHU)	3 (18%)
Multi-level	3 (18%)

All participants spent time in solitary confinement, which involves a process of maintaining a prisoner in an isolated cell for at least 23 hours per day, possibly allowing him to leave his cell for one hour per day to shower or spend time alone in the 'yard.' While solitary confinement is referred to by CSC as administrative segregation and disciplinary segregation, I use the term solitary confinement, which more accurately reflects the experience shared by participants.[53] Most men, unable to provide the actual

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[51] For example, some participants were held at Kwikwexwellhp Healing Lodge and some were held in that institution under its former name, Elbow Lake Institution. Similarly, some participants were imprisoned at William Head Institution during its classification as a minimum-security prison, some were held at William Head Institution under its former medium security level designation, and some were imprisoned at William Head Institution during both periods.

[52] While providing prison histories, many men's youth and young adult custodial experiences included provincial jails. Maintaining a focus on Canadian federal institutions, these provincial jails are not identified.

[53] Clark (2017) points out that the terms administrative segregation and disciplinary segregation indicate a process "benign in nature… [which] fails to acknowledge the degree of emotional and psychological damage known to occur" as a result (p. 26) and recommends the more accurate and

length of time spent in solitary confinement, estimated their longest and/or average length of time, and the number of times they were held in isolation. Total cumulative time in solitary confinement ranged from five days to four years, individual periods of time in solitary confinement ranged from five days to one and a-half years, and the number of solitary confinement experiences ranged from one to an "extensive number" and "too many to count."

5.2. "*Inherently* violent"

During our conversations, I asked the men what safety meant to them. Almost all men (88%) that I interviewed expressed confusion regarding the question itself, initially responding with extended silence, response tokens (e.g., um, uh, hmmm), repetition of the question or phrase (e.g., safety? In what aspect…*safety* in *prison*? (Stuart)), evaluative (of me) glances, and disbelief or confused facial expressions. Some more directly responded, "hmmm, safety from *what*? You're *never safe* in there" (Ed), "I am *never* safe in prison" (Robert), and "Uh, *no* safety in prison" (Paul). I found the participants' apparent initial perplexity in this area of discussion so profound that my journal entries over the course of the interviews contained several reflections of this. For example, after conducting several interviews I reflected:

> Again, the 'taken aback' response to my question about safety. Are these men indicating to me that they have never felt safety, that they don't really understand what that might mean, or feel/look like, or do they simply not understand the question? Is safety something that we (the them's) take for granted (e.g., where do you feel safe (let's expand on that) and where do you feel less safe (reduce that exposure))? Is the reality that these men have not only NOT felt safe, they don't even seem to really understand what that might mean -in the context of prison?! To even *imagine* safety at all seems to be very difficult for most of them, and my question confusing. Or are the men wondering if I have no perception of prison life at all? Are their facial expressions and hesitation an expression of disbelief at my lack of knowledge about the prison experience?

> …explanation of the dangers of prison… it is interesting that when I ask men about safety so many of them talk about a lack of safety. How unsafe it is in prison. That prison is about survival. They tell me about what they had to do to *create* safety in an environment of constant danger.

appropriate term of "solitary confinement" be used. I therefore use the term solitary confinement. Participants use various terms including "the hole" and "seg."

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After their initial surprise or confusion, participant responses included explanations of their lack of safety, and what they did to create safety, or more accurately, to survive in prison. They described prison as a "jungle" (Stanley, Stuart), an "*inherently* violent place" (Martin), "war" (Ed, Joey, Paul, Stuart), "oppressive and toxic" (Joey), and "the worst of the worst of a man's environment" (Tom). Paul described maximum security prison as a "dark and evil place." Their shared experiences in prison revealed, as Peter succinctly summed up, "safety is surviving."

5.2.1. Danger Ahead

During their discussion about safety, participants explained some of the dangers they faced in prison. Some initially shared stories of "violence, drugs, [and] fights" (Brian), but all men ultimately shared the perspective that physical danger in prison means life or death. They shared experiences of witnessing, participating in, and being the recipient of intimidation, beatings, stabbings, pipings, rape, suicide, mysterious suicide and slashings. They talked about "senseless, completely senseless murders" (Ed), mysterious murders, and brutal, violent murders (Stanley). They described experiences of, and participation in, "punching out guards" (Peter), hostage takings and riots. The men referred to dangers lurking in the yard, the hole, their cell, the gym, the weight-room,[54] the shower, and the dining hall. They referred to potentially dangerous people as "everyone," (Alex), meaning other prisoners, which participants saw as "killers, thieves and gangsters" (Paul) and "a bunch of psychos" (Stanley), and referred to the certainty, yet unpredictability, of violence in prison. Peter summarized the violence saying, "That's how it is inside. Life's cheap," and Paul explained his perception of violence in a maximum-security prison:

> [There's] no fist fights. People get stabbed and they get killed. Somebody just sneaks up on you and kills you. That's not violent. That's a final act but not violence. Violence requires two people. In [maximum security] like, the guy's in the shower, he's naked, he comes out of the shower with a towel and a guy's hiding around the corner. He's got no way to defend himself, and he's got, you know, he just gets stabbed and he lays there and he dies on the floor. That's it. There was no violence there. Not from my perspective…Or an entire range will have a riot because somebody is going to get killed. He doesn't know.

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[54] Some prisons contain a gymnasium as well as a weight room, while some prisons contain a gymnasium or a weight room, and some prisons contain neither.

Stuart's statements represent the essence of the participants' descriptions of their experiences of prison. He stated, "It was like going to war and coming back…It's just a battle, you know? You gotta survive, do your thing, and get the hell out of it." To survive, the men employed a variety of strategies.

5.2.2. "Arm up"

All of the men explained that survival in prison required being prepared to defend oneself and/or to fight at all times. "Violence can happen at any time" (Robert), "Anything could happen. Anyone could get killed, at any time" (Dave), and "You know, I mean all of that stuff is around you 24-7" (Ed), represent the perspective revealed by all participants. Equally important, almost all participants indicated that there is no escape from violence. As pointed out by Paul, "there is no flight, it's all fight…You can't get away from it" in prison, and for this reason, Paul explained, "You have to put your back to the wall and arm up and be ready to go." Prisoners must "grow [their] own coat of armour" (Stuart) to protect themselves.

Physical Fitness and Appearance

Most participants (82%) indicated that arming up and growing a coat of armour involved developing and maintaining physical fitness, which was necessary to fight and defend oneself. For most, physical fitness was achieved through body-building or sports. Ed, who regularly worked out, played tennis and racquet ball, and ran several miles per day, expressed the importance of physical fitness in prison:

> You're in a precarious situation, but anybody that uh, really had any sense in there, would look after themselves well in terms of working out and staying fit, so that you could deal with problems if they came up. And sports was something that used to be a good thing…I used to work out religiously. And [a fellow prisoner] and I used to run 7 or 8 miles a day. Tennis, you know, I was really active, and racquet ball, everything…

Regarding the extent of physical fitness, Ed explained, "There were lots of guys in there that could have been professional athletes, and the reason they were so good was because they had endless time. And all they did was train."

A quarter of the participants (24%) said that physical fitness was also important because of the image it created. For these men, working out created physical

characteristics that portrayed an ability to fight, enhancing their ability to survive the violence. Alex, for example, told me:

> I lifted lots of weights and I gained a lot of weight. I got big. No one would come up to me and want to mess around. It was not because I enjoyed doing it, I didn't like the look really, it just kept people away from me.

Ed also emphasized that although competence regarding violence was important, a threatening image was also necessary:

> We were talking a few minutes ago about … image, and that's what it's about. When I say invincibility, that's part of it. You know, you have that image, and if you present that image people aren't going to want to screw with you.

In addition to working out, some of the men (35%) otherwise enhanced their physical characteristics, altering their general appearance to create an image of being someone to fear. For some men tattoos served this purpose, and others, like Mike, changed their hairstyle and grew facial hair:

> When I first started doing my life sentence…I immediately put a mask on. I grew my hair down to about here [points to mid-section of his back], I had a beard down to here [points to chest], and a big mustache, and um, staff used to say that I looked like Charles Manson. The image - it kept people away, right? It worked for me.

Only one participant did not discuss physical fitness or image enhancement as playing a factor in his survival in prison. Although Dan was clearly physically fit, running daily, he did not indicate that he worked out as a protection strategy from physical confrontation in prison.

Always on Guard

All participants (100%) expressed survival as dependant on being on guard at all times and explained being on guard as a physical readiness and psychological alertness in preparation for responding to potential violence. For example, Ed described being on guard as "heightened adrenaline - it's just the background [that] is there all the time" and Dave explained it as being "on point," and always "ready for the fight of your life!" Joey shared the importance of being on guard:

> You had to be prepared in case something happens because, you know, with that many people in there it's unpredictable. You never know who's

going to go off for what reason, uh, so you know, you've got to have weapons, you've got to have access to different areas, and you have to be hypervigilant to watch what's going on and be in the rumour mill to hear who's up to what. Because otherwise if you're not paying attention to what's going on and the environment around you, you'll get blind-sided.

Rather than talking about places that provided safety, the men shared examples of places they feared, and most men felt that the yard, the dining hall, the gym, and the weight-room were particularly threatening. For example, the following focus group excerpt illustrates Brian and Dave's perceptions of prison yards as exceptionally dangerous:

Brian: The yard…

Dave: Yeah, the yard, well I mean…especially if you're new to somewhere and you don't really have your clique of friends, and if something pops off over here, you know if you don't have, like, you know you never know! I mean, you don't know who's got a vendetta against you so, just to have to be on point, depends where you're at. When I was at a max, you had to be ready, you couldn't walk around in slippers 'cause someone makes a move on you, you gotta be ready to go. You have to be tied up, shoes on, you know, ready to rock'n roll *in case* it happens…When you get down to a minimum it's not really like that, you know, but I'd say the yard at a max, anything could happen. Anyone could get killed, at any time. So, I can understand his point.

Colleen (to Brian): – is that what you're referring to?

Brian: Um hum…

Dave: Yeah, that's what it's like in maximum security. Yup. Never went in the yard. Never – [I've] seen guys get stabbed, stabbed, stabbed, and they [the guards] fire off one warning shot – one in the ground or the air I can't remember, and then the next one they shoot to kill. So, yup. That's the safety of the yard.

Brian: Yeah, just too many people. Everyone's there for something right? Just gotta know who has a vendetta against you, right? Or if somebody says something that's not true about you and shit hits the fan, right? You're in open space, right?

Alex summarized dangerous places in prison as: "anywhere where people could get to me, and that was in the mainstream population anywhere."

While some of the men indicated that they felt less threatened in their cells than elsewhere, the majority of the men indicated that even their cells held potential for violence. For example, Paul, who spent time double-bunked, shared what he described

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as "the longest fight of his life" as he shared his experience fighting off an attack by his cell-mate who tried to kill him by repeatedly stabbing him while he slept. Similarly, Ed explained that being on guard meant "you always sleep with one eye opened" and Stanley explained that survival depends on being alert anytime a prisoner's cell is unlocked:

> Not once that my [cell] door opened and I wasn't awake. I was *always* awake. Unless when they came in the middle of the night, but even then they had trouble getting me when I was sleeping. I hear them coming but some people sleep through it. [A fellow prisoner] is like that. He sleeps through anything. Me, never. And it's not a paranoid thing. It's just a survival thing.

Brian explained that asking to have their cell locked could be helpful for prisoners, but that one can never completely let their guard down:

> To a point, you can ask to have [your cell door] closed, but when it opens you gotta be up. As soon as you hear the doors crack you're up. You don't want to be there, sleeping in your bed in a max when the doors open. Right? You get caught underneath the blankets and you're done!

Robert explained the extensive mental effort that he expended to ensure he was always on guard:

> From the moment I wake up to the moment I go to sleep. When I go to sleep that's the last thing I remember – 'get your mind going first thing in the morning when you wake up.' And that's what I do. I'm prepared 24 hours a day.

For some men (40%) solitary confinement provided temporary shelter from the ongoing need for hypervigilance. Paul, for example, said that he felt "a lot safer in segregation [because] you're alone!" He explained:

> You know, after, it's a lot…you get a break from [being] double-bunked [and] you don't have to sit in the middle of people eating meals, watching around you, somebody trying to steal your shit or whatever.

In contrast, others feared being sent to solitary confinement because it presented vulnerability to violence conducted or facilitated by correctional staff. These men indicated that prisoners must remain on guard even in the 'hole.' Dave, for example, said:

Guards can stage a fight and let someone in. I mean it's possible. I've heard of it, never happened to me but I've heard of it. And of course, you don't know if they're screwing with your food, and this and that, so, I don't feel safe in there. You know?

While there was consensus among participants regarding violence and the need to continuously remain on guard, themes emerged in my discussions with the men regarding various strategies that they employed to survive.

5.3. Hyper-mask-ulinity

In Chapter four, I presented the psychological master theme of *Mask-ulinity* that emerged from participants' pre-prison lives, revealing the four nested themes of *Domination and Violence, Limited Emotionality, Independence-Power,* and *Uncharted Territory*. These themes influenced the behaviours of the men as children and as young adults. Three of these themes, *Domination and Violence, Limited Emotionality,* and *Independence-Power* intensified in prison, and were expressed by participants as strategies necessary for survival. Because these themes emerged as prison behaviours representing an intensification of the behaviours previously discussed under Mask-ulinity, I refer to this master theme as Hyper-mask-ulinity and discuss prison behaviours below under the nested themes of *Reputation, Strategic Relationships,* and *Emotional Flat-line.*

5.3.1. Reputation

In addition to the physical images that prisoners created, all participants indicated that their reputation was paramount in prison where, as Paul explained, "it's all subsurface threatening, innuendo, posturing, dominance, [and] psychological warfare!" Peter's statement, "the evaluation of people is going on 24/7 - because it's something that affects your life," emphasizes the importance of reputation to the participants.

For the majority of participants (82%), a reputation of domination and violence was necessary for their survival and was created in two ways. First, they indicated that the nature of the offence for which men were imprisoned contributed to this reputation. Most participants imprisoned for offences other than murder indicated that murderers were to be feared. For example, Andrew explained:

Because like I say, someone doing …life that doesn't care - after the first one [life sentence] the rest are free - you are just a walking target to them. It's just a case of when they're going to unload. And they're *going* to unload.

Men imprisoned for murder also acknowledged this contribution to their reputation, as illustrated by Tom:

I was pretty lucky. I didn't have too much problems. I was into weight lifting back in the day [and] being a lifer, usually guys don't want to mess with you too much. It carries a stigma. You know, if you killed once you can kill again.

In contrast to the enhanced reputation murderers experienced, most prisoners (81%) indicated that some offences hindered prisoners' reputations, and therefore their survival. To illustrate, Stanley described the prison environment as "a big pissing contest," with an overt "hierarchy," where sex offenders, "rats" and offenders who hurt elderly people are in danger. He explained, a "PC, which is basically any predator, a hound, a pedophile, [and] a rat, their history follows them…and [they're] not going to be telling people [their offence]."[55] Explaining the hierarchy, Stanley said, "sexual predators [are] definitely at the bottom of the pile - and underneath that, the lowest of the low, is child molesters and people who hurt elderly." Further explaining the impact of these offences on their reputation, Stanley said, "They're not heroes in prison. No, no, no, no, no, no. They hide. And they hide like, oh my goodness. And they get beaten up and they get hurt." Alex referred to sex offenders as "targets." The impact of offence on reputation and its connection to survival was emphasized by Martin who further differentiated between "PC, PCPC, or Super PC" and revealed the extreme violence, even death, that these prisoners faced:

PC – protective custody, PCPC – protective custody *from* the protective custody, and then there's child molesters and *those people.* See, we used to kill them, outright, when they'd come in. There *was* no PC. They put you in the population and we'd kill you and you die and you're dead. You don't fuck with kids or women. You don't. So, they [CSC] didn't like that – they made PC.

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[55] A PC refers to a prisoner held in protective custody; that is, segregated from other prisoners for his safety. A 'hound' refers to a prisoner convicted of a sexual offence against a woman or child, and a 'rat' refers to an informant, or a prisoner who provides correctional staff with information about other prisoners.

Of the four participants who were convicted of sex offences or murdering women, three did not discuss this negative aspect of reputation.

In addition to the impact of their offence on their reputation, participants revealed that creating a reputation of domination and violence in prison is necessary for survival. Specifically, Peter explained that over time, survival is "all about your reputation, how you govern it, and how you've made it come to light," and that while pre-prison reputation is important, it must be re-established upon entering prison. He explained:

> We check each other out a little bit when they first hop in because you're going to see, well, what are they going to be like now? Now that they got the other side coming and they're not all circulated with their guys, and now you're by yourself. And how are you going to be like that?

Several participants spoke about the importance of "making a name for themselves" (Brian), and revealed a range of behaviours that contributed to their reputation. Many men (70%) indicated that if "somebody said the wrong thing to somebody, or if you were disrespected…you have to do something about it. You can't let it slide" (Brian). Doing something meant revenge and retaliation, which represented demonstrations of dominance. Peter clarified, "If you don't respect me, I'm going to punch your face in [and] if you respect me then you don't fuck with me." Paul also explained:

> If anybody said anything stupid to me I just, like, it was like the fists started flying. I didn't have, like, zero tolerance for anybody trying to be tough…And I could fight alright, you know. I could defend myself.

All participants shared experiences of fighting or witnessing fighting, and almost all men witnessed or knew someone who was murdered by a prisoner "making a name" for himself. For example, Ed told me, "When I was in [prison] there was 9 murders. I knew every one of those guys. And they were senseless. Completely senseless! There was *no reason* for it. For a reputation." Others (25%) emphasized the extremely violent behaviours they engaged in to create a reputation of dominance and violence. For example, Stanley explained that although he entered prison having been convicted of murder, when he began his life sentence he created a "climate of terror within the institution. And that definitely increased [his] safety" inside:

> For me what I did was, what I thought at the time was the best way, was I murdered somebody when I was in there, and what that did is it

created a climate of fear. And that made *me* feel safe… It kept people away. It worked *very* well. It kept people away … [and] the safety net that I created for myself is the climate of terror in prison. Anybody who kills somebody in prison is somebody that you definitely have to be careful with because it's one thing [that] somebody comes in with a murder beef, [but] you don't know the circumstances or anything, you know … Someone who kills somebody in prison, it's a brutal murder … It is very, most of the time it is very demonstrative, ok? … It set the pace for my - because I knew I was going to spend my life there.

The importance of an established reputation to their ongoing survival was illustrated further by Stanley, who, referring to his reputation as his "defence mechanism," shared the use of "paperwork" to demonstrate his capacity for violence to another prisoner, through the following exchange:

Who wants you to prove it? Who wants to confront that? They know - [by the] paperwork - they know. I have - one time in [prison] I had this one guy and he started to doubt who I was, because I came from [another province]. So, I went to his cell and I gave him my paperwork, which is my correctional plan. And basically … at the beginning [of the correctional plan] they say about your history. So, I said, "Now I want to see yours." And then the whole story changed - and he apologized now, and blah, blah, blah, blah! But the thing is that again, it [only] happened once. Me, I always had something to fall back on because I don't have to make up shit. Here's my paperwork - this is what I did. Now let me see yours. So that's [my] defence mechanism. Like I say, read my paperwork. And are you sure you want to fuck around?

Finally, Ed explained that while a reputation of past violence was helpful, ongoing competence was also required:

I walked a pretty tall path there [in prison] … That doesn't mean that I didn't have incidents with people where I had to deal with them and sometimes, I had to deal with incidents in a way that was potentially, uh, extremely violent. Right? But at the end of the day, I'm fortunate enough that I didn't end up in any situation that I couldn't handle.

In contrast to the reputational enhancement experienced by men convicted of murder, general population prisoners indicated that the designation of "PC," particularly, the reputation attached to a convicted sex offender, presents a perpetual and unchangeable threat to survival. Referring to sex offenders, Martin explained of PC prisoners, "And once you put that jacket on you *never* take it off. It's for life" (Martin).

For most of the men, domination and violence extended to a general adherence to "some solidarity or con code [that] has to be upheld" (Alex). Of the ten men (60%) who

participated in riot(s) and/or hostage taking(s) in prison, six revealed that survival *required* them to participate. Brian shared his involvement in riots:

> You had to. If you didn't do something you were going to get stabbed up. It's plain and simple. It's jail politics … If you don't, then you're going to get hurt, right? It's not because I *wanted* to, it's survival. You know, [a] guy… got his head bopped off. Another one got stabbed up … so I didn't feel like being stabbed up. So, I did the least, minimum amount.

Similarly, Alex explained:

> You have to do all these things that you don't want to do and could care less about, but you have to do them, or if you don't, you end up getting killed. Yeah, like smashing up a prison. I don't want to smash up a prison … And it's not - you just gotta go and do what you gotta do so they don't turn on you. I don't want to smash up - I wanted to be in my cell. I wanted to have a toilet to sit on … And I don't want to smash all that stuff up because some guy didn't get something that he thought he should get but really, he wasn't supposed to have it anyways … But once it starts you have to do it! Cause you will be killed. You *will* be killed! Or you will be beat senseless and hope that the guards come and drag you out - which they probably won't because they're scared worse than you are.

While all of the men connected a reputation for violence with survival in prison, some of the men (35%) emphasized caution in relying too heavily on reputation, stressing that even prisoners with the toughest image and greatest competence for violence must remain on guard at all times. Ed and Tom explained:

> Lots of people in there are, you know, crazy and people that are losing it, you know, those are the ones that uh, people fear the most. The guys whose clutch is slipping. You know, they start smelling things coming out of the vents and, you know, hearing things and turning on people that are their best friends because they're losing it! They can become very dangerous - unpredictable. (Ed)

> I don't know anybody, even the guys that think they're tough, that would actually feel safe. In fact, I found that the more aggressive bully type of guys are just terrified. And when it comes down to it, they'll run. And I've seen that a lot. A *lot.* The guys you gotta look out for are the real mild mannered, Woody Allen looking kind of guys, because they'll kill you … They'll stab you. They won't punch or fight or whatever. They'll, you know - and it never fails - it's always some geeky kind of guy that kills the big 250 weight lifter, right? Because he's terrified. He's *terrified!* This guy could pound him into mashed potatoes, right? So, the only thing you can do is either check into PC or kill the guy before he gets to you. And that happens a lot. (Tom)

Therefore, while offence and reputation were important, the men emphasized the necessity for additional strategies to ensure survival.

5.3.2. Strategic Relationships

Most men (76%) expressed relationships in prison as critical to their survival. That is, while a minority of the men (24%) revealed that ultimately, relationships with other prisoners provided some psychological benefit (e.g., friendship, emotional support: see Chapter 6), most of the men stated that they did not consider relationships in prison to be "friendships." Brian, for example, said, "Jail's not a place to make friends," and Stuart emphasized, "You know, I never look at them [other prisoners] as being my friend…You know, fine and dandy, I'll knock around with you in prison but I don't want to knock around with you on the street." Ken declared:

> None of them [the other prisoners] are fucking friends. They're associates yes. Friends no. I just tried to get along. I don't even relate to relationships, in no way, shape or form. Like … what's a relationship? Like you say some words to somebody, you have a relationship with them? Not necessarily, no. We're just an associate. Just people I know. I got no friends, because every friend you got in there is playing you for something. For sure.

Rather than friendship, the men indicated that the primary consideration for forming relationships in prison was survival. The men shared three considerations important in their experiences of strategically forming and maintaining relationships with other prisoners.

Firstly, many of the men strategically formed "mutually beneficial relationships" (Paul), which includes relationships with prisoners who had created a reputation of competence for violence. These men explained that this association provided them with an increased level of physical safety. The following excerpt from my conversation with Paul, who referred to having "connected [himself] to a few people that had different images" for protection, illustrates this strategy:

> Paul: I had a couple of people that I was close with that were, you know, a lot more important than me, so it was like I, I was smart enough to connect myself.
>
> Colleen: Important being respected?

Paul: Yeah. And dangerous. Dangerous - like a couple of people not to be fucked with. So, it was like - you're friends with those guys, [so] you're ok.

For others, relationships with other prisoners, once established, carried a general expectation of support in situations of violence. Therefore, relationships enhanced survival by providing "back-up" when necessary. Peter, for example, said, "Other guys are backing you up - because you got the respect of [your reputation]. And you've shown your mud [capacity for survival/violence]," and Mike explained:

> I'm the type of guy that if my friend's in trouble, I'm in trouble. I'm there to back him up. And that's the kind of friends that I acquired was the same people. They felt the same way, right? If I'm going to be their friend, I've got to back them up, and like I said, they were there to back me up.

A third of the men (35%) indicated that in forming relationships, they cautiously considered the risk of "inheriting the problems" of other prisoners. They explained that similar to others backing *them* up in situations of threat or violence that might arise, they would have to back up other prisoners with whom they developed relationships. Stanley explained:

> You're living with people that are dysfunctional. So, relationship in prison is a little more difficult because it seems that one thing you learn in time, is that you don't want to inherit anybody else's problem. My fear was, I don't believe in inheriting anybody else's problem, which is often the case. So, one has to be careful about this.

Mike also explained:

> I learned early that the more friends you have the more problems you're going to have. Because if you are real good friends with somebody, and that person has a problem, then you've got to back that person up. Therefore, you're going to have more problems. Right? I learned that early.

To reduce the risk of inheriting the problems of others, the men limited the number of relationships they created.

5.3.3. Emotional "Flat-line"

I found consensus among the participants regarding the importance of avoiding emotional expression in prison. Participants indicated that survival depended on their ability to hide emotions from other prisoners, because emotions signal weakness, which

equates with vulnerability. Ed explained the extent of emotional suppression as he told me that prisoners hide, not only the emotions they feel, but also the *ability* to feel emotions:

> Emotions are something that people don't want to share in there [prison], or they don't even want people to know that they *can feel*. Why? Because if people know that you're emotional, then maybe they'll take advantage of that. They'll think you're a weakling or otherwise, and there will be consequences.

Almost all men used the general term of "emotions" during our discussions, and rather than discussing specific soft emotions, explained the need to avoid vulnerability and the perception of weakness by hiding emotions. Only four participants (24%) mentioned soft emotions such as joy, happiness, sadness, or compassion in our conversations about prison, and they did so in the context of explaining that a prisoner's survival requires hiding these emotions at all times. Emphasizing that soft emotions are inconsistent with the reputation of masculinity that prisoners are maintaining, Stanley, for example, explained, "You know, if you are trying to build up the strong man character in prison, the biggest man, then that's [caring, compassion] not something you want in the equation." Accordingly, considerable energy and behaviour were focused on suppression of soft emotions.

More commonly, participants shared intense experiences of fear and anger, and their need to suppress these emotions. The men revealed the prevalence and degree of their fear regarding injury and death in prison. Martin explained:

> Two things run the institution, right? Fear and anger. And you work within those confines. [Fear of] what's going to happen to you, your body, yeah, but what people can do to you. And anger - you're stuffing. Right?

The men indicated the demonstration of fear was contradictory to a reputation of dominance and violence (See *Arm up* and *Reputation*, above), as a demonstration of weakness was equated with vulnerability. Vulnerability in prison was a threat to survival, as illustrated by Stanley and Tom:

> You don't want to show weakness to people especially if you are living in an environment where um, predators prey - look for preys … You don't want to look vulnerable. (Stanley)

Ability to not show emotions for anything was helpful in prison. Right? Especially when violence happens - murder happens. I mean you don't want to look like you're afraid, so you gotta look, you know, like you don't care, kind of thing… I mean that got me through a lot of years in prison when, you know, things would happen and inside I would be terrified but I couldn't tell anybody that - even staff. I couldn't say anything, so I just had to keep that bottled up. (Tom)

To avoid becoming prey, prisoners shared their experiences of suppressing any type of care or compassion as well as fear. For example, while several participants shared the expectation of prisoners to avoid "getting involved in other people's stuff," Joey explained the degree to which this expectation required the suppression of emotions such as compassion or empathy:

Some of the rules are intensified rules from society, like not showing emotion. You know, it's believed that if you show too much emotion then you are perceived to be weak and may be taken advantage of or exploited in some way. Um, and we're not supposed to have compassion either. Like if you walk by and see somebody bleeding on the sidewalk, you just step over them or around them. You don't look at him or ask him if he needs help or that kind of thing.

Men indicated that "stuffing emotions" required that they engaged in "doing other behaviours [to] deal with whatever it is that you're feeling internally" (Alex). For most participants (82%) this involved drugs, alcohol, or both. For Alex, other behaviours included "burning mostly…burning and doing - taking risky behaviour to levels where you shouldn't have been doing it. Like doing drugs, mixing alcohol and pills and stuff." Ed explained prisoners' emotions after years of prison as "Their emotions are all screwed up. Inside - what emotions do they know? Anger, frustration, hatred." Nine participants (53%) believed that following years of emotional suppression they lost emotional capacity. For example, Martin explained that his emotions are so deeply suppressed that they are hidden behind "walls. Well not walls, mountains. You now, some people got walls, I got mountains." Joey's explanation of the extent of emotional suppression represented the experiences of these prisoners:

Most of the time everybody's stoic in there, which was easy for me because I learned that as a defence growing up at home. I had to have a kind of dead-pan face. But the problem is that when you try to put out the negative feelings, you numb the good ones too. And so, you know, [over time] your range of feelings goes from the highs and lows, more to the middle, and the middle to flat-lined.

In sum, participants revealed that a reputation of dominance and violence, the strategic formation of relationships and emotional suppression emerged as techniques required for survival in the environment of hyper-mask-ulinity they experienced in prison. The men described inter-prisoner violence as pervasive, and survival required strategies of developing hypervigilance and a physical and emotional capacity for violence. Survival also required the development and maintenance of an image and reputation of hyper-mask-ulinity. The men also pointed to correctional officers and other correctional staff as having strong influences over their psychological and physical well-being and potential healing, and these interactions are discussed in Chapter 6.

5.4. Discussion

The emerging themes identify psychological and behavioural coping and survival strategies employed by the men in prison. These themes reveal experiences that prevented healing from their CPT as well as experiences that provide potential healing factors in prison. Figure 5.1, below, presents "The Prison Model," a model of the prison experience developed from my interpretations of the themes that emerged. In this chapter, themes discussed include inter-prisoner (I-P) interactions, behaviours and attitudes, which are located on Side A of the model. In Chapter 6, I present correctional staff-prisoner (CS-P) interactions which are also located on Side A of the model. Chapters 5 and 6 culminate with the Hyper-mask-ulinity Stand-off concluding Chapter 6. In Chapter 7, I present data related to factors located on Side B of the model, which include community member-prisoner (CM-P) interactions, attitudes and behavioural motivators. The model included here illustrates that in many cases (and at various times) factors occur simultaneously, influencing prisoners and pulling them in two distinct directions; prisoners are influenced by the prison environment and correctional culture (Side A) while they are also simultaneously influenced by exposure to community members, programming and opportunities for growth and healing (Side B). The impact of this simultaneous pull, as it relates to potential healing, is discussed in Chapter 7.

My study corroborates extensive literature revealing the violent and unpredictable nature of the prison environment (Clarke, 2017; Crewe, 2011; Dye, 2010; Gacek, 2018; Jewkes, 2005). Crewe (2011), pointed out that the "vernacular of prison life is a guide to its qualities" (p. 509). The men in my study used particular terminology to articulate the nature of prison, and their language is consistent with that of published literature which is
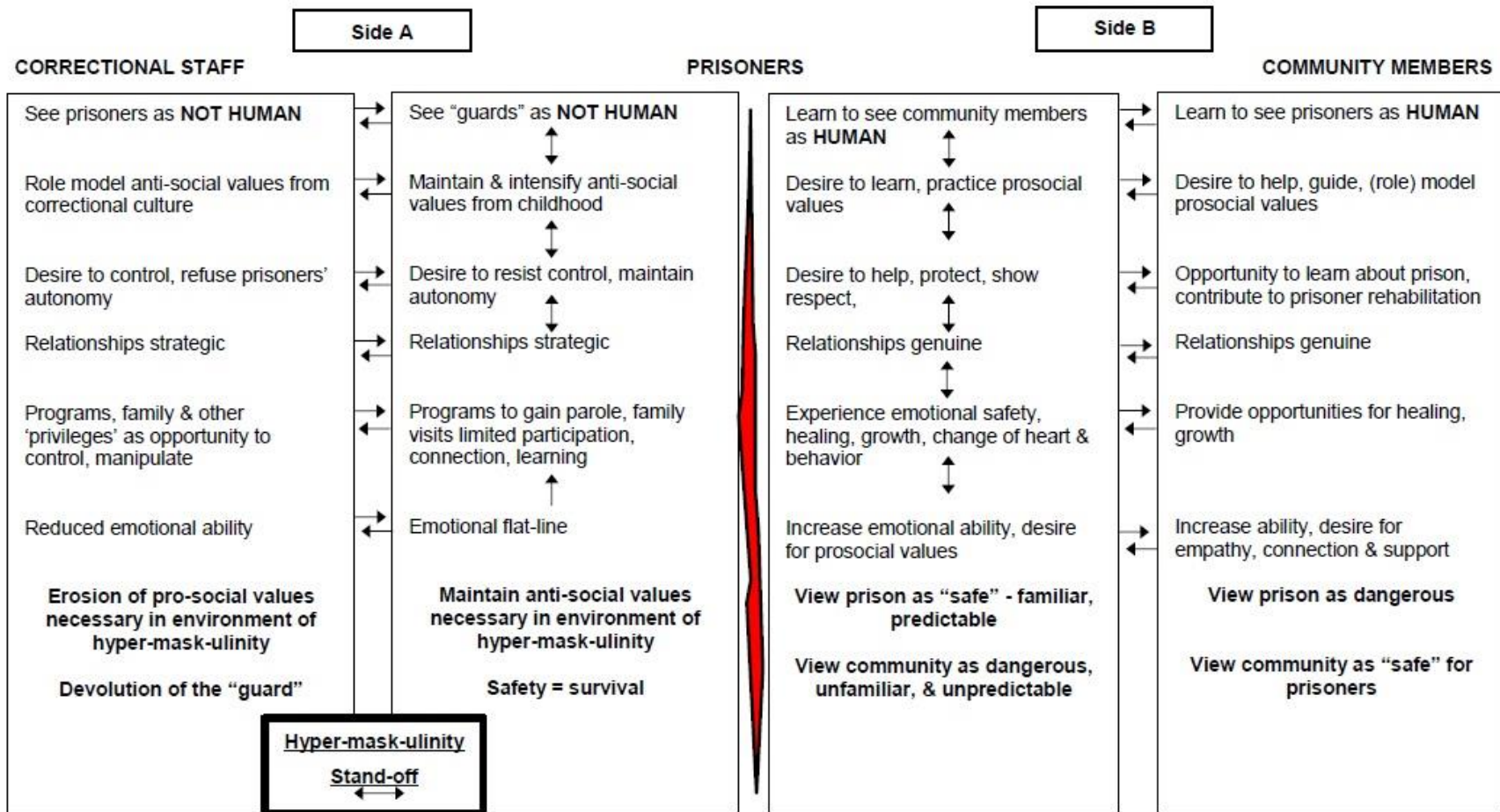
Figure 5.1   The Prison Model. Prisoner experiences of values, attitudes and behavioural motivators

peppered with adjectives and descriptions such as "brutality" (Leyva & Bickel, 2010, p. 51), "inherently dangerous and violent" (Haney, 2006, p. 169), "harsh and chaotic" (Clark, 2017, p. 17), and a "climate of mortification" (Jewkes, 2005, p. 46). Terminology used by participants emphasize the inter-prisoner relational culture reflected in scholarly literature as a "predatory" (Ricciardelli, Maier & Hannah-Moffat, 2015, p. 493), "emasculating" (p. 495) culture where "peer group respect, individual status, and access to scarce resources all rest on a reputation for aggressiveness and physical strength" (Jewkes, 2005, p. 46).

My data reveal the participants' unequivocal perceptions of a lack of safety. Participants strongly indicated that neither psychological nor physical safety were experienced in prison, and that inter-prisoner interactions were founded on underlying, constant physical threat and posturing. They indicated that prison was an environment that they "survived," rather than one which they could discuss in terms of experiencing *any* aspects of safety. My findings are consistent with literature that reveals men's experiences of entry into prison as dangerous, and therefore incongruent with an environment necessary for healing from CPT. For example, Miller and Najavits (2012) disclose that women entering prison often experience "safety and relief" because prison provides an escape from violence, and that this relief experienced upon entry provides female prisoners with the "psychic safety" necessary to begin the trauma recovery process (p. 2). Contrary to the experiences of female prisoners, these authors report that male prisoners face increased threat of lethal and sexual violence on entry into prison. The vernacular and articulations of my participants corroborate Miller and Najavits' findings.

Extensive scholarly literature contends that the first step in any trauma recovery process is psychological and physical safety, and asserts that without the experience of safety, other factors required for healing (i.e. relationship, autonomy) cannot occur (Elkins, Crawford & Briggs, 2017; Herman, 1992; Knight, 2015; Turner, McFarlane & van der Kolk, 2007). Brown, Harvey & Kallivayalil (2012), Elkins et al., (2017) and Fallot & Bebout (2012) argue that any attempt to provide conditions conducive to healing psychological trauma *requires* environments that avoid potential and actual triggers. An overview of participants' perceptions of the volatile nature of their living conditions depicts their experiences of prison as unsafe, and therefore an environment where

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healing from CPT is not possible. It is, however, necessary to further examine themes regarding safety, autonomy, and relationships, as they emerged in my study.

5.4.1. Contemporary Pains of Imprisonment

The data reveal the pervasive, consistent threat of physical harm and death. In his classic work, Sykes (1958), offered "pains of imprisonment" as the deprivation of: liberty, goods and services, heterosexual relationships, autonomy, and security. Sykes (1958) argued that these pains of imprisonment impose a "destruction of the psyche" which constitutes a "humane alternative [to the] physical brutality … [and] severe bodily suffering [of] the past" (p. 64). Contemporary literature expands on Sykes' offering of pains of imprisonment, with scholars arguing that the physical brutality of imprisonment has not been abandoned, and that contemporary pains of prison are, in fact, both physical and psychological (see de Viggiani, 2012; Maschi, Viola & Koskinen, 2015). My data support assertions that physical brutality, rather than a "suffering of the past" (Sykes, 1958, p. 64), is a current, pervasive aspect of prison. The theme of physical violence emerging in my study is supported by findings of Dye (2010) who states that violence is a "paramount component" (p. 798) of contemporary pains of imprisonment, and Stephan and Karberg (2003) who found inter-prisoner violence to be "extremely common" (in Dye, 2010, p. 798). Acknowledging extensive violence in prison, scholars emphasize the need for prisoners to maintain hyper-vigilance to remain attuned to prison dangers to survive (for example, Haney, 2006; Liebling & Maruna, 2006; Toch & Adams, 2002). Trauma literature maintains that remaining attuned to potential danger is counter-productive to healing. Specifically, maintaining hyper-vigilance is a symptom of unresolved psychological trauma (Pynoos et al., 2007) and the *need* to maintain hyper-vigilance (e.g., consistent with an unsafe environment) is an obstacle to healing (Bloom, 1997; Fallot & Bebout, 2012; van der Kolk, 2005). Further, because inter-prisoner violence was experienced as a *requirement* of physical and psychological survival in prison, prisoners were required to employ various psychological as well as physical coping strategies. The data in my study reveal that psychological and physical impacts as well as survival impacts are intertwined, and strategies to address these impacts were achieved through the development and maintenance of a veneer of hyper-mask-ulinity.

5.4.2. Hyper-mask-ulinity as Survival

Consistent with literature indicating prisons are dominated by fear, general mistrust, and anger (Gacek, 2018; Haney, 2011; Jewkes, 2005), the men indicated that the institution was "ruled by fear and anger" (Martin). They experienced fear as a particularly intense aspect of prison, especially regarding I-P interactions. Through the portrayal of a hyper-mask-uline identity the men reduced their victimization and fear of victimization. This hyper-mask-uline identity permitted, and encouraged, demonstrations of anger between prisoners through violence, which is consistent with literature that explains hyper-masculinity as an ideology portraying fearful individuals as "inviting targets to predation" (Toch, 1998, p. 173; also see Haney, 2006; Maschi et al, 2014; Toch & Adams, 2002).

Goffman's (1959) presentation of self as a "performance" (p. 17) is crucial for understanding the presentation of a hyper-masculine identities in prison. According to Goffman, through the process of "impression management," individuals engage in "frontstage" behaviour to maintain an image, or impression of reality (p. 17). Participants in my study employed extensive strategies to mask their fear and vulnerability, and to present a persona of "hyper-mask-ulinity." The concept of masculinities as a "mask" or façade is supported in literature that refers to the "prison mask" (Haney, 2006, p. 173), "performance" (Evans & Wallace, 2008, p. 486), "manly front" (Jewkes, 2005, p. 48), "masculine bravado" (Gacek, 2018) and a "John Wayne or Clint Eastwood façade" (Toch, 1998, p. 172).

Themes representing the concept of a hypermasculine identity include *Reputation, Strategic Relationships, and Emotional "Flat-line,"* and involve strategies to demonstrate this persona. The men went to great lengths to portray images of hypermasculinity, including creating a muscular or tattooed body image, building and demonstrating a violent reputation, developing and maintaining strategic relationships and alliances, and concealing emotions. My findings support assertions of scholars who found violence and victimization to be a "routine and ritualistic" (de Viggiani, 2012, p. 274) aspect of prison life requiring constant identity management. For example, Toch and Adams (2002), explain the importance of a reputation of "manliness" (p. 197), referring to prisoners as "practiced diagnosticians" for whom "the index of manliness is pugnaciousness [and] the criterion of unmanliness is fear" (p. 198). De Viggiani (2012)

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found a macho body image, a tough "machismo" (p. 279) front, and masking weakness and vulnerability (e.g., through emotional suppression) to be critical for survival in prison, and emphasized the importance of a reputation that includes "criminal notoriety" (p. 280), prison experience and allegiances, as well as legitimacy, which refers to the hierarchy of offence types, to a hypermasculine identity required for prison survival. Jewkes (2005) found "extreme construction of masculinity" to form "a universal response to…prison culture" (p. 61), and Ricciardelli (2015) defined hypermasculinity in prison as "a consistent representation of a 'hyper' notion of 'manhood' that stresses 'manly things' and physicality (e.g., exaggerated muscularity and displays of prowess and strength)" that includes "dominance, strength and the use of force as necessary" (p. 172). Other scholars refer to qualities of power, domination and avoidance of emotion (Evans & Wallace, 2008; Haney, 2011), and to the building of a violent reputation consistent with the social hierarchy of prison culture as necessary for survival in prison (Dye, 2010; Haney, 2006; Leyva & Bickel, 2010).

My findings reveal hypermasculinity to be a magnification of the concept of masculinity that participants learned in childhood, and therefore prison was experienced as a familiar extension of the treatment they experienced in childhood. The pre-prison narratives, as discussed in Chapter 4, reveal men who learned to use violence to repel violence, to escape abuse, to achieve revenge, to escape emotional overload, and to create a masculine reputation. This finding supports Haney (2011), who defined hypermasculinity as an "exaggerated, aggressive form of masculinity" (p 131), and who differentiated between hegemonic masculinity and hypermasculinity, terms often used interchangeably. Haney explains that while hegemonic masculinity is characterized by authority, control, independence, heterosexuality, aggression and a capacity for violence, two primary components of hypermasculinity, particularly violence and aggression, are only "unequivocally achievable in prison," (p. 131). According to Haney (2011), hypermasculinity also reflects "a particular *type* of pre-prison masculinity" (p. 131; emphasis added) which results from socialization that overvalues physicality and denies opportunities to learn alternative forms of confrontation (i.e. intellectual or sensitive). Accordingly, Haney explained that prison is the "logical next step" (p. 132) in the lives of these individuals who embrace this pre-prison masculinity. My findings (see Chapter 4), indicating that the pre-prison survival techniques of the men encompassed violence and resulted in the development of trauma-bonded relationships which

sustained aggressive and violent behaviours, are consistent with Haney's findings and assertions.

5.4.3. Trauma Magnified, Life Course Trajectory Extended

Participants experienced prison as an extension and magnification of the psychologically traumatic aspects of their childhood. More specifically, the data provide insight into the impact of I-P violence on male prisoners who have experienced CPT. Findings of vulnerability and emotionality among prisoners as life-threatening emphasize the lack of psychological and physical safety, and therefore the *impossibility* of recovery from CPT. In addition to the necessity of safety as the first step in recovery (previously discussed), current trauma literature emphasizes the importance of gender-responsive approaches to trauma healing.

Fallot and Bebout (2012) point out that gender socialization plays a critical role in men's recovery from psychological trauma, and that a culture where the "real man" (p. 167) is socialized to emphasize toughness and independence, while limiting public and private emotionality, is counter-productive to recovery. These scholars state that, "the ability to tolerate vulnerability, to risk connection and to accurately label a range of negative and positive emotions is *essential* for recovery to proceed" (p. 167; emphasis added). More explicitly stated, demonstration of vulnerability and emotional expression (specifically equated with vulnerability in prison), were revealed by my participants to be life-threatening, yet without this, recovery from CPT is not possible.

According to Fallot and Bebout's (2012) second assumption, male trauma survivors face a "disconnection dilemma" (p. 168). Building on gender socialization, this assumption posits that being "a man" is incompatible with being a victim or being fearful and that acknowledging experiences of fear and experiences of loss of control "threaten [men's] core identity" (p. 168). As previously discussed (see Chapter 4), any threat to their core identity presents a threat to their very *survival*, and as such, triggers reactivation of the threat-induced hyperarousal response (Perry et al., 2001; Sapolsky, 2004). Trauma healing requires integration of experiences of victimization with cultural expectations of being a man (Fallot & Bebout, 2012); however, my findings reveal that I-P relationships and the cultural environment require concealing experiences of

victimization in prison, which thereby maintains the disconnected parts of self, obstructs potential for healing, and compounds impacts of CPT.

Jewkes (2002, 2005) asserted that prison constitutes an interruption in the life course and that prisoners suspend their pre-prison identities as they develop new identities to adjust to the prison environment. Jewkes refered to this as "life course disruption" (2006, p. 368), explaining that prison forcibly and "seismically" (p. 366) disrupts the life course, suspending future life expectations. Zamble and Porporino (1988) used the concept of prison as a "behavioural deep freeze" (in Zamble, 1992, p. 420), arguing prisoners' pre-prison behaviours are put 'on hold,' remaining unchanged until release. My findings endorse those of scholars such as Liebling and Maruna (2006) and Haney (2006) who reject these assertions, arguing that they underestimate contemporary pains of imprisonment, and are "psychologically naïve" (Haney, 2006, p. 308). These scholars argue that prison imposes severe behavioural changes that are "widespread and deep-seated" (Liebling & Maruna, 2006, p. 175). Corroborating these findings, my data support the integrated model of mal-adaptation to prison, which posits that mal-adaptive behavioural changes result as a combination of deprivation (i.e. characteristics of the prison environment) and importation (i.e. characteristics and previous experiences of the prisoner) (Dye, 2010). Further, my data provides support for the association between childhood trauma as a determinant of aggression in male prisoners (Sarchiapone, Carli, Cuomo, Marchetti, & Roy, 2008).

My findings substantiate life course theory assertions that the interplay of trajectory and transitions determines the continuation of the life course trajectory, and that *adaptation* to life events determines the direction of the life course (Sampson & Laub, 1992). Moffitt's (1993) assertion that causal factors of the life course persistent offender originate with childhood neuropsychological impairment and neurological developmental disruptions, often resulting from childhood neglect or abuse, is strongly corroborated by the experiences of participants in my study. As discussed in Chapter 4, participants' adaptation to CPT provided behavioural manifestations 'for which the next logical step' in the life course was prison, and the findings of this chapter indicate that survival in prison *required* a continuation - and intensification - of the coping strategies learned (i.e. the adaptation to childhood psychological abuse) prior to entering prison. Assertions of life course theory declare continuity of conceptually similar, yet apparently changing, behavioural manifestations occur throughout the life course (Farrington, 2003;

Moffitt, 1993) and are the "hallmark" (Moffitt, 1993, p. 679) of these offenders. These assertions are supported by the experiences of my participants, whose behaviours evolved from mask-ulinity to the conceptually similar but exaggerated notion of hyper-mask-ulinity, continuing the adaptation process to survive.

I found that participants had experienced physical and psychological violence in childhood and were then required to master an I-P culture of hyper-violence. Participants' pre-prison (childhood) narratives equated violence with survival, and survival with safety, and participants' prison narratives associated an enhanced level of violence with survival, expressing that prison did not include physical or psychological safety. In addition, while the men experienced themes of masculinity in childhood, these themes were exaggerated in prison, requiring a persona of hyper-mask-ulinity for survival. While a vast body of literature establishes the traumatic impacts of prison (see Armour, 2012; Haney, 2006; Liebling & Maruna, 2005; Maschi, Viola and Koskinen, 2015), my findings corroborate reports of prison as constituting re-traumatization of pre-prison trauma (Leyva and Bickel, 2010; Miller & Najavits, 2012), particularly Haney (2011), who reports hypermasculinity in prison as a coping strategy to be "a 'hyper' form of a particular kind of pre-prison 'masculinity'" (p. 132).

5.5. Conclusion

In this chapter, I explored the participants' experiences of prison to understand how they experienced factors of healing in prison. Participants expressed an overwhelming, prevailing lack of physical and psychological safety, and they adopted strategies that provided survival rather than safety. The men indicated that they maintained relationships that were strategically formed for survival. They experienced I-P relationships as threatening and indicated that their physical and psychological safety was under constant, unrelenting, and prevailing threat. Their physical and psychological survival required I-P directed demonstrations of domination and violence, hypervigilance and emotional suppression (fear), and revealed strategic relationships which did not provide connections and support conducive to healing. Participants experienced prison as re-traumatization of CPT.

I also extended previous research revealing the re-traumatizing impact of prison, and I argued that the physical brutality of prison has not ceased; rather, it has merely

shifted and become the primary feature of inter-prisoner interactions. I found the psychological pains of prison to be an additional component of prison, requiring further adaptation by prisoners for survival, and presenting the increased necessity of posturing, emotional suppression, and presentation of hyper-mask-ulinity as impression management.

Chapter 6.

Our Keepers

In this Chapter, I continue to examine participants' experiences in prison that extend the men's pre-prison CPT, focusing on correctional staff-prisoner (CS-P) interactions. These relationships reveal additional challenges to participant healing, as experienced by the participants in the prison setting. CS-P interactions extend pre-prison CPT and compound the re-traumatization of participants experienced through inter-prisoner (I-P) interactions discussed in Chapter 5.

In our conversations regarding their lives in prison, the men spoke about a variety of behaviours and attitudes of Correctional Service of Canada (CSC) staff. The men revealed that they experienced many of these behaviours and attitudes as negatively influencing their psychological well-being as well as their physical and emotional safety in prison and during reintegration. Participants perceived attitudes and behaviours of correctional staff as a powerful stimulator and continuation of their own anti-social attitudes and behaviours, and they experienced the impact of correctional staff behaviours and attitudes as an extension, even a *magnification,* of the experiences and impacts of CPT. Throughout our conversations, I found that despite the extreme level of I-P violence they encountered, the men perceived CSC staff as playing an equally critical role in their experiences of violence in prison. The gravity of the impact of CSC staff behaviours and attitudes on participants is indicated in Robert's statement, "I feel safer with inmates than I do with Corrections staff." Themes that emerged regarding the impact of correctional staff on participant healing are presented in this chapter and include: *Untouchables; Degradation and Humiliation; Demonstration of Force, Devolution of the "Guards," Resisting the Keeper, and Habilitation.*

6.1.1. Correctional Staff as "Keeper"

The men generally referred to all correctional staff as "guards," and explained that they were "our keepers" (Peter). The term "Keeper" technically refers to a specific position within the correctional institution, being the CX4, or shift manager. Participants explained that the term "guard" technically refers to correctional officers at various levels

within the institution. In our discussions, however, the men used the term "keepers" and "guards" and the general phrase "they are our keepers" to refer to all correctional staff, which, as Stanley explained, includes:

> Everyone. Everyone from the lowest form of staff - shop steward, program instructors, kitchen steward, teacher in school, correctional officers, parole officers, and all administrative staff and management - up to the warden.

I use the term "correctional staff" to include this range of people, while acknowledging the participants' use of the term guard and keeper more accurately reflect the language used by the men. I make exceptions when participants refer to specific experiences and the position of the correctional staff is particularly relevant, in which case I use the position title (e.g., parole officer, psychologist).

6.2. "Untouchables"

An overwhelming majority of participants (88%) used terms such as "us and them," with "us" referring to prisoners, and "them" referring to correctional staff, as well as terms such as "screws" and phrases including "the other side" and "on the other side of the fence" (Peter) to refer to all correctional staff. While these terms revealed a hypothetical line between the prisoners and correctional staff, my discussion with participants revealed that they also represented a more deeply perceived hatred of prisoners by correctional staff.

Most men (76%) indicated that prisoners were perceived by correctional staff as deserving no respect. For example, some men explained that in all security levels other than minimum, correctional staff referred to them by their last name only, as "a sign of disrespect" (Stanley). As reported by Stanley:

> The lower you go down security, the more you are treated as an individual. In higher security, uh, you are called by your last name - all the time. They see you, they call you by your last name. And that is meant exactly to – it's not Mr. 'Smith', it's 'Smith'… But basically, you know, and I noticed as I went down security, in minimums … it's more relaxed – they start calling you by your first name.

Some men revealed this perception of deep division between prisoner and correctional staff through interactional indicators. This is illustrated by Mike, who told me that for the first 15 years of his incarceration, the extent of his interactions with

correctional staff involved a recognition of their superiority, demonstrated by his interactions with them:

> I had nothing to do with the staff barely - like uh, holding the door [for them] and that's about it. Right? But as far as talking to them on any kind of a, you know, on a human level, no.

Eight participants (47%) indicated that the correctional staff perceived and treated prisoners as inhuman or less than human. Stanley, for example, said, "[prisoners] are a criminal animal… And human, you replace the word human as animal." In the following focus group excerpt, participants' responses revealed John's perception of prisoner status as less than human, which was supported by Mike and Dan:

> Colleen: Can we talk about your feeling of connection…
>
> Mike: With what?
>
> John: To who?
>
> Colleen: Well, we are all human and need connection and…
>
> John: *You* are! You are human. You are treated like one.
>
> Dan: Yes. I agree. I don't feel connected at all. No, no, no. Not since this experience. Not at all.

Dan shared a conversation in which a friend explained the East Indian concept of "untouchables" to him as an example of correctional staff's attitudes towards prisoners. Following is an excerpt from that conversation, as Dan shared it with me, to illustrate the fundamental nature of prisoners as "less than human":

> Dan, don't forget you are the 'untouchables.' You know, in India, the society is divided into four classes? The lowest is untouchables. Untouchables can be mistreated in any way, and the higher ups can get away with it. The highest, they don't even allow them to touch them. So, they are less than human. [My friend] always said, "Dan, just don't forget, you are the untouchables to the guards."

Participants revealed that these attitudes and perceptions of correctional staff informed their behaviours towards prisoners in several ways.

6.3. Degradation and Humiliation

Many of the men spoke about their experiences in prison using terms such as 'degrading' and 'humiliating,' as a result of the behaviours and attitudes of correctional staff. They revealed two major aspects of their incarceration that accounted for this, including *Choice and Privacy,* and *Strip Searches*.

6.3.1. Choice and Privacy

Most of the men indicated that choice and privacy were particularly important. They said they were able to make choices regarding matters such as whether to purchase items from canteen, what activities (e.g., sports) to participate in, and, within limits, what items they wanted in their cell (e.g., television). However, many of the same men emphasized the restrictions on the choices they were allowed to make, particularly regarding personal matters and responsibility, as "degrading" (Peter), "humiliating" (Stanley) and "coercive" (Joey, Martin). For example, explaining choices that prisoners make, Stuart said: "They get fed, they don't have no responsibilities. They are told when to sleep, when to eat, and when to go lie down." Ken emphasized the lack of meaningful choices that are available to prisoners:

> Any choices you make in there, they're so miniscule it don't mean a damned thing. Like whether you're going to eat dinner or not. Right? Maybe what you're going to spend on canteen…. Everything is so miniscule, man. Maybe what you want to eat, whether you want to go to sleep, other than that - that's it. Oh, and maybe you can get your own tv in there. Other than that - pretty slim.

Andrew said that prisoners' choices were purposely restricted insofar as quantity and importance were concerned:

> Every day you decide whether you go eat, whether you're not going to go eat. Whether you are going to spend all your canteen [money] on dope or whether you are going to spend your canteen on supplies to last you two weeks … Your choices are as little as possible because they like to be in total control.

Seven men (41%) pointed to a lack of autonomy and a lack of privacy as particularly degrading and oppressive to the spirit. For example, Joey explained the impact of the loss of autonomy, saying, "It's [trauma is] everywhere in there. Just the oppression of the spirit is traumatic, the loss of autonomy." Regarding lifers, Paul said,

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"You're surrounded by people watching you for 25 years. They [correctional staff] know when you shit, they know when you eat. Like, somebody's taking notes. For years!" Peter explained that although he was permitted some choice, he experienced the lack of autonomy and privacy as particularly degrading:

> I can go to the yard, I can get out of my cell, I get my laundry on a certain day, I get to go to the gym at a certain time, I got work out partners [and] I can play handball at a certain time. Those are the choices that you get. And you build your life around the routine of that. [But] you're coming in, you're our keepers. You're - you do things. You feed me when I need to eat, if I need to wipe my ass you gotta give me toilet paper from the SIS.[56] So everything I need, I need to ask you for. And some of it I feel degraded by.

Many of the men developed strategies to exercise and maintain autonomy during their years in prison. These strategies are discussed below and in Chapter 7. Despite their attempts to maintain autonomy, the men explained the loss of autonomy that occurs without their realization, and the impact of that loss. To illustrate, Joey shared his experience of failing "quite miserably" to maintain his autonomy, when a prison Chaplain offered him a "treat" of his choice after he had been in prison for seven or eight years. He shared:

> She goes, "I'm going to bring you a treat. What would you like to have?" I'm like "what do you mean what would I like to have?" She says "You know, some berries, or ice cream or some kind of fruit or something." I'm like "I don't know." And she goes "Oh come on. Who doesn't know what they like or want" right? And I thought, "Well, 96 meals on our menu, I can tell you which of those I don't eat, when I go to the canteen to buy junk food instead of going to the meal line. Um, but -and I can tell you which of the items on the canteen I like and which I don't, but to think outside of those narrow boxes, constructed options, I wasn't able to do it. And I got mad at her because she exposed me to this fact that I had no idea of what I liked anymore! What I enjoy! You know, I didn't have the freedom to be spontaneous and it really upset me because I thought I'd been doing so well maintaining my autonomy up to that point, and I realized that I had failed quite miserably.

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[56] Participants refer to the "SIS" as where cleaning supplies, correctional officer uniforms, inmate clothing and bedding etc, are obtained.

6.3.2. Strip Searches

Strip searches[57] were the second factor revealed as especially degrading and humiliating for the men. Nine men (53%) referred to strip searches as a distinct violation of their feelings of security and safety. These men also indicated that strip searches violated personal integrity, that they were conducted excessively and without respect for prisoners' dignity, and that strip searches were used as a demonstration of power by correctional staff. For example, reflecting on aspects of prison that reduced his feelings of safety, Joey said that strip searches were often unnecessary because correctional staff effectively knew what they would or would not find before the search was carried out, and that strip searches posed a greater affront to his dignity than his safety, saying, "lockdowns and strip searches, and not so much safety but dignity right? Because they, it's so easy to know who's up to what in there. It's a small population, it's well confined."

Other participants told me that the manner and frequency with which strip searches were carried out were particularly violating. For example, Robert shared his experiences of "always" being ordered to remove his clothes as an excessive use of force, providing the example of situations where he was simply being taken from one unit to another unit:

> I mean, we get - I don't like it. I mean, we get – yeah, I don't like it. I don't like being stripped of my choices. When guards come in, "take off your clothes," what the heck? What am I taking off my clothes for? What do you always want me to – that's what I get choked at that stuff. They're always telling me "Take off your clothes." They're telling me, "Well you're going from this unit to this unit" Yeah. So, "a one-minute walk you want me to take off my clothes. Right? Ain't happening." Right? Well, then there's the use of force. The use of force…

Having spent over 30 years in prison and having been strip searched so many times in prison that "there's not a number that I can give you because it's so large," Stanley spoke at length about the impact of strip searches. Stanley summarized strip

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[57] Clark (2017) explained the procedure involved in strip searches as involving the removal of prisoners from their cell, following which: "The prisoner is required to completely disrobe at the front of the range, usually the washroom area, in view of two officers. Each article of clothing is inspected as it is removed. Once naked, the prisoner is instructed to open his mouth for visual inspection; dentures are removed. The prisoner is required to run his hands through his hair, show the bottoms of his feet, and bend over and touch his toes to permit visual inspection of the anal area" (p. 82).

searches as they were experienced by the participants explaining the violent manner with which strip searches were conducted:

> It's not "Hello, how are you? I'm going to be taking care of you while you're in here." No, no, no. [Stanley motions with his hand…] "Strip." And you know, if you don't, they'll tear it off you. They'll tear your clothes right off you and throw you in the shower. That's just the way it is.

He then articulated that humiliation and violence were unnecessary demonstrations of force, especially in his case, because the searches never resulted in any violation:

> I felt violated, humiliated, each time that I was stripped searched. And the interesting thing in all this is that all the years that I have done in prison, not once have they ever found anything strip searching me.

Stanley continued to explain that although he perceived strip searches as "sometimes necessary" in prison, the frequency and manner with which they were carried out were personally violating and compounded childhood experiences of sexual abuse. Although Stanley indicated that he believed strip searches were particularly violating to *him* because they compounded the impact of sexual abuse that he experienced in childhood, all nine men who discussed the humiliation and violation of strip searches had experienced sexual abuse or violence in childhood. Thus, I interpreted the connection of childhood sexual violence and prison strip searches to be relevant for all of these men. Stanley told me:

> I never got used to it [strip searches]. And for a person who has been sexually abused as a child, and the shame that came with it, and embarrassment etc., well each time that I got strip searched, I felt that feeling. Because strip search is not done with people who care about your mental state and your emotion. They don't give a shit... I believe that sometimes it is necessary, however the amount of times that it happened, I'm sorry, and some circumstances too, when I wasn't going anywhere. I hadn't been outside, I wasn't even outside my cell. I was in segregation and they still came and strip searched me once or twice a week - there was no reason.

In sum, lack of privacy and choice as well as strip searches were revealed by participants to inflict exceptional degradation and humiliation. Strip searches were perceived by the men as often being conducted unnecessarily and as being carried out as a specific and distinct demonstration of force.

6.4. "Demonstration of force"

The men spoke about several additional aspects of their imprisonment that they perceived to be a demonstration of force used by correctional staff to express domination and control over prisoners. For some men these behaviours were simply a part of the prison experience, but in most cases, they were expressed by the men to represent excessive, unhealthy or dangerous expressions of dominance and control. There was much overlap as most of the men indicated that they experienced several of these behaviours throughout their lives in prison. Robert's explanation regarding the essence of the CSC's extensive and all-embracing attitude and approach represents the collective experience shared by the men:

> The minute we walk into those gates we've entered their world, and their world is just - we'll make up our policy and we won't even apply our policy if we don't want to. We'll do what we want.

6.4.1. Programs & Warehousing

All of the men referred to control over program participation as a demonstration of force that occurred through coercion. This coercion dictated whether prisoners participated in programs, when they were permitted to participate, and interruptions to program participation.

Timing of programs and being allowed to participate was revealed to be a primary area of coercion. Eleven participants (65%) referred to the lack of ability to participate in programs, or to even *begin* to work towards completion of their correctional plan[58] until completion of more than a decade of their imprisonment, as being "warehoused." For example, Stanley said that "especially higher security level [prison is] a warehouse - we warehouse people. It's a warehouse," and he explained:

> You know if you start a big sentence, what they do, they'll warehouse you for a few years. Five - ten years, they'll warehouse you. Because that's just - there's nothing, they don't want to do nothing.

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[58]A Correctional Plan, developed for all long-term prisoners by the offender's Case Management Team, contains program needs, institutional needs, risk factors (dynamic & static), training needs (employment), release plan, parole eligibility dates, and "likely program entrance dates" (Griffiths, 2010, p. 259).

Tom, who said that he was not interested in programming for the first 30 years of his sentence, indicated that although programming offered by CSC requires improvement, ultimately programming is offered in prison. Tom also, however, indicated that programming is not available for the first decade of imprisonment: "Stuff might not be tailor made programs, but they were available. Well, not so much in the first ten years." Paul revealed that in the two years he spent in maximum security prison, not only was he not offered programs, he did not see his institutional parole officer[59]:

> I seen my PO [parole officer] once in 2 years that I was there - my IPO [institutional parole officer], I saw her for 5 minutes… Like its 100% punitive in there. You don't see your PO… You're on the same cell on the same unit for years. You don't, you might, you know, there's no … you're always locked on the unit.

Others indicated that being allowed to start programming in maximum security is difficult because program availability is limited. Brian said, "There's usually a waiting list. It all depends on your parole date" and until prisoners get closer to their parole date, "it's mostly warehousing. You just sit there and do your time" (Brian). Joey shared that parole officers require prisoners be close to release prior to beginning programs, and referred to warehousing, "'You're on a wait list and when you get close to your stat [statutory release] date we'll put you in there.' And that can be years away!" I found Mike's sharing of his initial meeting with his IPO when he began his life sentence to be an especially poignant reference to warehousing. Discussing the lack of programming during his first decade of prison, Mike shared the advice of his first IPO regarding programming and working toward release, saying: "The most impactful statement that was even given to me inside was my first IPO [who] said 'Get comfortable, your PO hasn't even been born yet.'"

In addition to disallowing early program participation, most men stated that once they had reached a point in time when their management team deemed programming necessary, participation in programs was presented by correctional staff as voluntary, but was, in reality, coerced. The men explained that programs are considered a "medical issue" and as such, prisoners theoretically have the *right* to refuse to participate. Their lived experience, however, was contradictory to this right. For example, Joey explained:

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[59] Implementation of a prisoner's correctional plan, and particularly participation in programming, is facilitated at the recommendation of the prisoner's institutional parole officer (IPO).

Even their professed choice about programs and things like that, it's *all* compulsory. And you know, *they* decide what programs you are allowed to go into, if you're allowed to go into them, and when.

Ken stated, if prisoners don't comply, "There will be *consequences*." The men explained the various "consequences" imposed by correctional staff for refusing to participate in program. For example, Alex explained, "you can make choices to go to programs and maybe get in front of the parole board, or not and get nothing," Paul said they will "send you back [to higher security level]" if you refuse to complete programs, and Joey referred to "postponed transfers," as a consequence of refusing. The wide range of negative consequences experienced by prisoners for refusing to participate in programming is illustrated by Martin:

> Every single program is a 'medical issue,' right? So, you can refuse any medical services you want to refuse, right? They can't make you do it. *So,* they wrapped the entire [prisoner] pay system around coerciveness. If you don't participate in programs, then you don't meet the qualifications for pay! Right? So, they give you the bottom level [pay] and you can't go any further. It is in *no way* voluntary! It's coercive. And you lose your visits, you lose phone call privileges, you lose *everything*.

The men shared experiences of coercion connected with the timing of program participation, indicating that many prisoners were forced to withdraw from employment training or other "learning or rehabilitative" activities to participate in programs when required by CSC. For example, Joey, a peer counsellor and advocate (see Chapter 7), explained the experience of prisoners who failed to complete rehabilitative or reintegrative programs due to CSC interrupting their progress, which was then reflected negatively in their file (i.e. incomplete program) and used against them during parole and release processes:

> For example, I go to a welding program that's nine months long and all of a sudden a seat comes up for me in the cog [cognitive] skills program, um, and they want me to drop out of welding and take the cog skills. Then right after that they transfer me somewhere so I don't get back into the welding program and so I have an incompletion, right?

Men further pointed to the paternalistic approach of CSC, explaining that prisoners were not permitted to complete programs when they were motivated towards their own learning and growth, and were forced by correctional staff to comply with interruptions in programs and training opportunities. Joey explained:

A lot of people in Corrections tend to develop this attitude that they know what's best for everybody. And, you know, their system is 'the ideal.' And, you know, from a certain perspective, the cookie cutter approach to Corrections makes it easier, makes it more convenient, but a lot of people's needs don't get met that way…

There was people [who] couldn't get into programs when they were motivated, or they had to do them when they were engaged in some other type of learning or rehabilitative experience. And they were forced to pull out through coercive measures – cuts in pay or affected visits or, you know, postponing transfers or stuff like that – that, you know… "You can either come and do the program now or, you know, you're going to be punished." And when they really were motivated to get in there and do the work – "No, you're on the waitlist and when you get close to your stat date we'll put you in there." And that can be years away! So, it's very frustrating, very, you know, a lot of disillusionment for the men in there that when we're ready to heal, like, where is the support? Where can we do it?

Finally, this "cookie cutter" approach extended to program content as the men indicated that they were required to complete programs with content that held little or no meaning for them personally:

There used to be a variety of programs you could take, dealing with anger issues to marital issues to - lots of separate things. Now they only have one - ICPM.[60] And it's an amalgamation of everything. Whether you're violent or not you do it. Whether you have marriage problems or not, you gotta do it. You now? All this role-playing stuff. Or situations you have no interest in, no part of. (Martin)

In addition to the coercion experienced around program participation, nine men (53%) discussed the loss of community-developed and prisoner-developed initiatives that men wanted to participated in, and which they indicated "gave some purpose to everything" (Peter). These men pointed to the CSC, public pressure, and the government as decision-makers about program availability or closure. For example, regarding the closing of community-developed programs and religious-based groups, Stanley explained:

I seen over the years how there was a drawback, shutting down a little more. Um, and a lot of it wasn't justifiable from the behaviour of the guys. And that was one of the issues that a lot of people had. You know, institutionalized people understand cause and effect. Ok, if we do

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[60] The Correctional Service of Canada (2017) describes ICPM as the Integrated Correctional Program Model, adopted as a "paradigm shift in correctional program delivery from multi-program sequencing or stacking to three distinct correctional program streams for men offenders: a multi-target program, an Aboriginal multi-target program, and a sex offender program."

something wrong, this is going to happen. What happens when nobody did nothing wrong and this still happens? Losing accessibility or the possibility of visitors being able to come… Stuff that were taken away from inmates that was helping and healthy that they lost, that's more difficult to accept… When you take away or restrict the rules so tight that you cannot do [anything] what's the purpose? And unfortunately, [the loss of these programs] was something that was done without any cause. Nothing happened.

Further, Peter talked about the loss of a prisoner-developed sports club, through which community members competed with prisoners, explaining that the loss of this club occurred as a result of public pressure. More specifically, Peter blamed public reaction to a newspaper article reporting on the activity: "They took it away from us because they said in the newspaper, 'So you think you're tough contests in [prison].' That ended it." Martin told me about the termination of university educational opportunities in prison because "the public could not stand seeing inmates get university educations that they couldn't afford to give to their kids. So, the fucking convicts in jail don't get it."

The impact of these program closures was revealed by the men to be profound. In a minority of cases, the loss of program availability resulted in retaliation, as explained by Peter: "They took it away from us and one or two of them got punched out and when we threw [the equipment] outside in the yard. All that to say, 'fuck you.' They took away that we *had* something." Stanley's explanation represented the majority of men's expressions about the psychological impact of unwarranted program closure:

> What I saw personally, [and] what I felt, is that somebody at the end of the tunnel playing with the switch. The light's on, the light's off. The light's on, the light's off. So sometimes you can see the end, sometimes you can't because the rug gets swept out from under your feet by some announcement.

6.4.2. Family

Thirteen participants (76%) said that correctional staff used their family or community member visits as an opportunity for manipulation and control over them in three ways: by denying the men their visits; by mistreating visitors or denying them entry into the prison; and by using family as manipulation on consideration for release.

Nine men spoke of being denied the privilege to participate in visits as punishment, coercion or simply an expression of power. For example, Martin referred to

coercion, explaining correctional staff's demands for drug tests or information in exchange for visits:

> Visits? They use that against people all the time! "Give us a piss test or you're not getting a visit!" or "Give us a piss test or give us some information." As soon as they got something, they can use it against you.

Peter shared the denial of his attendance at the funeral of a highly respected university professor and prisoners' advocate. Saying that attending her funeral was important "because I know the professor and I could show her respect," Peter explained the denial to attend as an expression of force. He shared his parole officer's explanation, "I'm not letting you go because you might see friends there and do some drugs," as a "stupid showing of his authority" arguing, "I thought I would meet some other people that would be better off and you're worried about me getting high?"

Participants indicated that punishment involving the denial of family visits could result from anything, including "attitudinal problems" (Joey), "deteriorating attitude" (Dave, Ken, John, Mike, Stanley), refusal to participate in programming (see discussion above), possession of contraband, institutional violence and violations of institutional policies. The men told me that denial of visitation also occurred in all situations of lockdown,[61] which, many men felt occurred excessively, often needlessly, and for extended periods of time.

The mistreatment of visitors, including denial of entry into the prison, was revealed by participants to be a common demonstration of force by correctional staff. This mistreatment pertained to personal visits (e.g., family, friends) as well as community member-facilitated activities (e.g., RJ groups - see Chapter 7). For example, regarding personal visits, John stated, "they find reasons to turn people away," and Mike and Dan explained that visitors were denied entry for "minor things" or for incidents that made little sense to them. For example, they questioned the use of drug dogs:

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[61] Clark (2017) explains lockdowns as a "usual first response to a serious problem" (p. 81), which involves locking every prisoner in his cell in order to give correctional staff "total control of the environment" (p. 81). He explains that during lockdown, normal operations cease, prisoners are counted, and the issue is addressed. While in lockdown, meals are served to prisoners in their cells, where prisoners remain until CSC is satisfied that the matter has been addressed and it is safe to resume normal operations.

Dan: For minor things people have been told to go back, and then people feel discouraged - people from the outside. They have these dogs and uh, I know some people who never smoked in their life, never drank in their life…

Mike: Still the dog responds…

Dan: Still the dog smells [drugs] and they were turned back!

Stanley talked about the loss of community programs as a demonstration of power, explaining the common experience of "losing the accessibility or possibility of visitors being able to come [in]…when nobody did nothing wrong," and Joey told me how hard it was to "see them [family] tortured and tormented every time they come out." More specifically, Joey explained that "every time my visitors would come out, they [guards] would harass them because it hurt them - it hurt me. And that was their way to get at me." Participants also shared visitors' experiences of lengthy delays in being granted entrance to the prison for events planned by volunteer groups. To illustrate, Mike's family travelled for hours and crossed an international border to visit:

> I have [family, including children] come up one time. And they had to wait 2 hours. First of all, it took them 2 hours to get across the border … So 2 hours to get across the Border, then 2 hours to get into the institution to a social. And it was a Christmas social, and they had turkey for the social, and by the time they got in all the turkey was gone. And they were hungry! They [guards] were going through everybody with a fine-tooth comb that day, going through everybody with the dogs and all that. Yeah, there was a bunch of people that got turned away that day too. And the group that I was involved in that put that social on … they put so much money into this social, and, like, and because so many people got turned away, so much food got wasted… All that got wasted because a lot of the people didn't get in.

Joey emphasized the correctional staff's excuse for using force was that it was in response to "potential abuse" of privileges by prisoners. Explaining that being turned away often involved children being yelled at and threatened, Joey shared his child's experience at a social as well as the child's attempt to send him a picture through the mail:

> So, like [we] prepared for a Christmas social and my daughter's all excited to come out and have dinner, see Santa, play some games, and [I watched her] get turned away at the gate and yelled at for trespassing. Or, you know, she sent me a little macaroni picture that she made in kindergarten and they mail it back to her with a big warning about drug smuggling and contraband and tell her that her visits might get cut off. Um, you know what I mean? It's just the simple, normal

stuff that people do in their relationships [that] is not allowed in there because of the potential for abuse.

A minority of the men explained how family was used to manipulate prisoners at parole hearings. Joey shared his experience of being denied parole as a result of attempting to maintain privacy regarding his family at a parole hearing:

Like, that was one of the things that led to the Parole Board denying me my parole the first time because I used to always be, you know, I'll talk to my PO or whatever. I had no problem talking about my level of risk, my risk management strategy, that kind of thing, but my personal life with my kid or my wife or my parents, none of your business. They've got nothing to do with it. And, you know, it's totally true, but the Board was like, "Well, you know, how do we know it's not a risk?" You know, "What if we want to ascertain for ourselves?" I'm like, well, you know, there's got to be a limit to that, right? Like they can't just snoop through everything hoping on the off chance that something might come up. If there's a reason for [concern in] a particular area then granted, I can see how, you know, them wanting to know what my child's safety or adjustment or whatever – how it's affecting me. But, you know, for the most part they don't need to know.

6.4.3. "Shitty names," "Home invasions" and "Murder"

In addition to the ways in which coercion and force were used as mechanisms of domination and control, participants discussed the general prison environment as oppressive, abusive and violent. The men indicated that the prevailing and prevalent environment of dominance, power and control created by the attitudes and behaviours of correctional staff impacted them psychologically and behaviourally. The language used by the men to describe correctional staff and their behaviours included "abuse" (Dave), "assholes" (Stuart), "demonstration of force" (Stanley), "power and control hungry" (Andrew), and "skin-heads [and] muscle-bound clowns with tasers and balaclavas" (Martin). Ed said that correctional staff "feed off the emotions of others," and Martin explained, "they operate with no guidelines, no structure. They do what they want to do." With all participants having been imprisoned for over 10 years, and more than half (54%) in prison for more than 20 years, many of the men pointed to a change in the attitudes of correctional staff and the prison environment over time, differentiating between the behaviour of the "old school of guards" and that of "the new Union." Martin differentiated between these two schools:

The new union got in not too long ago, and they're all skinheads, um, mommy issues, Napoleon issues, um, work out every day, demented.

Twisted - a lot of them, twisted. They're a new breed, and they're doing the same thing that the old school guards did at the beginning. They're being authoritative.

Participants discussed specific mechanisms used as demonstrations of force to express domination, power, and control over all aspects of prisoners' lives.

"Out comes the pen"

I found that prisoners perceived their correctional files, more specifically, reports filed by all correctional staff, as one of the most common tools utilized to demonstrate power and domination. Martin explained, "I gotta speak to this program officer or this psychiatrist 'officer'... they're all writing reports. And it all affects you later." Fifteen men (88%) referred to the use of "paperwork," "reports," and "flags on the file" as mechanisms of control which were then used against prisoners. They indicated that "everything in these reports was used against you" (Tom), and that "used against you" meant withholding visits and privileges, adjustments to pay, institutional transfers, segregation, security level adjustments, and denial of parole or passes.[62] In general, Martin said that as a result of reports, "you lose whatever they want to take from you. They need to have their boxes checked, their t's crossed and the dots on the i's. And they do it by coercion."

Participants shared a variety of behaviours that resulted in negative reports in their correctional files, including noncompliance with programming and refusing to provide information or submit to drug tests, as discussed above. The men also pointed to any expressions of frustration or anger and any questioning of, disagreement with, or verbal confrontation with staff. John explained that when correctional staff make statements or accusations that are incorrect or untrue, "there's nothing you can do about it...As soon as you stand up to them, there are flags on the file, 'This guy's a trouble-maker'." He explained:

> So they'll get you in, then start saying stuff to you that you know is wrong, to get a reaction. Then if you get angry, (motion writing) out

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[62] Passes refer to escorted temporary absences (ETAs), which are a process in the gradual reintegration of prisoners where they are permitted to leave the institution (escorted) for specific periods of time for "medical, family, employment (or) education purposes" (Griffiths & Murdoch, 2018, p. 286).

comes the pen - deteriorating attitude. Like the pen became a very good weapon for them, and the psychologists backed up the POs.

Brian emphasized a complete absence of discussion between staff and prisoner, saying, "They [correctional staff] are all trained in a certain way. They are not allowed to talk to you. There's no interaction, no nothing," and Tom explained that even if a prisoner felt strongly about an issue, discussion with staff was not possible:

> When somebody has that much power over your life, you know, are you going to argue with them over something where it's just best to shut your mouth "ok" and walk away. You're going to walk away - pissed off.

Dan told me:

> If you show them a little bit of assertiveness or uprightness, then you are in trouble. Mostly I escaped from trouble because I was always more than uh, necessarily more polite, more submissive [than other prisoners]. As soon as I … I tried to be a little bit of assertive, or to be that I'm right, then I got very bad consequences. So in that sense, no staff tolerate[s] that somebody can stand up to his rights, or what CSC provides.

Stuart said that fear of consequences kept him from verbally lashing out at CSC staff members, explaining, "if you say anything, do anything, like say, you know, 'why don't you just shove it?' that goes on your file and then you're either called up, and you could end up going back [to a higher security level]."

A third of the men referred to the amount of information and the inaccuracy of information contained in correctional files. They pointed to the frequency with which reports are added to files, and the inaccuracy of information contained in those reports. Ed explained, "My file is not a very um, if you read my file you'll probably find that it's full of all kinds of value judgments that just aren't true." Several men told me that they stopped reading the reports because they were untrue and, as John indicated above, there's "nothing you can do" about it. To that end, Martin said, "anything that they put on paper - fucked, you're fucked" (Martin). The volume and inaccuracy of correctional files is illustrated by Mike, who obtained his correctional files from CSC after serving 15 years in prison:

> I accessed my files maybe 20 years ago, something like that, 15 years ago, when I went back for my 15-year review. I accessed my files. And I had files about this high, maybe this high [indicating floor to chest, then floor to shoulder (from sitting)] … I read through all of it. Most of

it had to do with the court case, and a lot of it, different reports that they wrote about me inside [prison]. And some of it was so ludicrous about them being scared of me over little things. They blew things out of proportion like crazy, right? Like me, being the person I was, I wasn't uh, like talking to them all the time, so they were just guessing what was going through my mind because I didn't talk to them. So, I read what they were thinking today and it's all just crazy stuff. Like if I had to live up to all it says in those reports I'd be one crazy frikkin' loony. *Even I* wouldn't like myself! You know what I mean?

While the men pointed to the negative consequences they experienced because of inaccurate reports, they also emphasized that correctional staff were aware of the inaccuracies they contained but didn't care. For example, Mike said, "If CSC believed everything in those reports, they never would have let me out."

Provocation, Possessions, and Power

The men talked about correctional staff challenging them, attempting to provoke them and even planting contraband in their cells to justify abuse and demonstrations of force. Ed shared his experience of losing visits when a "guard" planted contraband in his cell:

> Some guard set me up. He threw 70 cents on my bed and I lost my visits for 11 months. And I said, "That's never going to happen again… [he] threw money on my bed, right in front of me. 70 cents! It's contraband!

To further illustrate, Dan shared an attempt to discuss an incident with CSC staff which, he said, could have resulted in a transfer back to a higher security level institution. He explained:

> When I went to see him (CSC Staff) and complained, he tried to provoke me so that I should shout at him and then he could get me handcuffed and send me to maximum [security] prison. And I knew it. He tried his best to provoke me … calling me shitty names and remarks. I don't know how I kept my cool … He tried to use all his authority to put me into more trouble.

I learned that cell searches and loss of personal possessions were common demonstrations of force experienced by participants. John explained:

> If you stand up to them, it's you versus the establishment, which gets a little dicey. Then you start getting your room searched, and little nit-picky things happen all the time. Just because - "We'll show you!"

Eight men (47%) said demonstration of force occurred through CSC staff "losing" prisoners' personal possessions as they were transferred between institutions or taking their possessions during cell searches. Most of the men indicated that these belongings were never returned, while two men obtained belongings lost during transfer, years later. For example, Martin explained that on being released to a Community Residential Facility (CRF) he received several boxes of personal possessions from CSC explaining, "I haven't seen this stuff for years!"

I found one of the most powerful demonstrations of force discussed by the men to be cell searches, which Stanley referred to as "home invasions." Participants described cell searches as occurring at any time and without warning, and that the violation and humiliation that they experienced was equal to that of strip searches. Stanley explained the violence with which cell searches were carried out, the loss and destruction of personal property, and the purpose of the violence involved as being a demonstration of domination:

> Home invasions, [are] basically the same thing as outside, which means that your door opens, people come in, they strip search you, they put you in another room, and they go through your stuff. And basically, they leave with what they want, your personal letters, your photos, any personal items they want. They leave with them. Or you find them on the floor [and] they stepped all over it. Things like that. It's very gruesome. Um, is that necessary? No! It's a humiliation technique and a, um, how do you say it… it's a demonstration of force. You know, "You're not in control, we are in control!"

As previously discussed, all men spent time in solitary confinement. Participants said that solitary confinement was used as punishment by CSC, and that the length of time that they were held in "the hole" was used by correctional staff as a demonstration of force. For example, Joey told me that he was sent to the hole three times "as retaliation for attention that [he] was drawing on the institution," due to complaints that he was "quite vocal about." Tom explained his punishment after being captured following an escape as: "I was 2 years in the hole in [a federal prison]. That was kind of my CSC punishment for escaping and making the guards and the powers look bad. Right? I spent 2 years in the hole for that." Many of the men (42%) indicated that the total length of time that they were held in solitary confinement amounted to several years, with three participants (18%) indicating that their total time spent in solitary confinement amounted to between two to four years, and four participants (24%) indicating that they were

unable to provide a total number because time spent was "extensive" (Stanley). Eight participants indicated that individual periods of time spent in solitary confinement exceeded 90 days. Three of those men said that the longest time spent in solitary confinement was one year, and each of them told me that the average length held in segregation was four to six months. Regarding the impact of the length of time held in isolation, Alex explained that "four months, you're getting off lucky, eight months, you're getting a little impatient." While a minority of men discussed solitary confinement as a "break" (Ed, Joey, Paul) from the violence, the vast majority of men referred to the psychological impact of isolation. Joey explained, "Seg [segregation] can be safe for some people, but it's psychologically damaging at the same time because you're in isolation and we all need that connection." Others explained the psychological impacts they experienced; for example, Andrew said, "the mind plays games, or the walls play tricks on your mind - or tricks with your head" and Tom shared, "seg time does have an effect. I was starting to think that the flies were my pets coming to visit when they come and land on me."

Similarly, the men indicated that prison lockdowns were frequent, often lengthy, and a demonstration of force. Tom explained, "That's how the guards deal with the slightest thing. They'll lock a prison down." Brian emphasized his inability to participate in programs because of "lockdowns and lockdowns and lockdowns and lockdowns and lockdowns. I think the longest we were locked down was for four months." Tom said that lockdowns had become so extensive and common that he remembered:

> We'd been locked down for about three months and I can't remember even what it was about - there was so many of them like that. I mean, it's just continuous lockdown. A lot of times you get a week lockdown. Without any exaggeration, I would say the number of days what we were on lockdown on a 365-day year, um, it's got to be almost half.

The majority of the men (82%) explained that the correctional staff simply "abuse their authority" (Stuart) and that because of a "lack of outside oversight [and] transparency, they just get away with it all the time" (Joey). Stuart, referring to the correctional staff, explained, "Like if you're just having a bad day at home, or if you're just an asshole, you're going to be an asshole to everybody" and that happens "a lot inside." Tom explained the informal punishment he experienced as being forced to stand handcuffed to the bars of his cell for extremely long periods of time without access to food or bathroom facilities.

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Five participants (29%) revealed murder to be the most extreme form of violence and abuse used by correctional staff as a demonstration of force. Alex explained that riots provide opportunities for correctional staff to shoot prisoners without reservation:

> That [a riot] gives them free range to use their weapons. Right? With unprecedented - boom, boom, boom, boom, "oh man, they were trying to break in! I was just trying to save my life!" Meanwhile, they just want to shoot people. There are people that work that side that just want to, and then they get away with it. They'll do it, that's what they did!

Explaining the power and lack of accountability, Ed described the violence used on prisoners as "hideous." Ed spoke of murder and "mysterious" suicides that he also believed to be murder carried out by correctional staff. Explaining that a murder was recorded by CSC as "some warped, ridiculous version of events," Ed explained what he believed happened:

> They killed him for nothing. And nothing happened to the guys that did it. I mean, it was terrible! Everybody knows who did that. There was also four "suicides" in a month in the hole there. And I say "suicide" right? I say "suicide" with a bit of a… I don't believe it was suicide in the traditional sense of suicide. No. And um, believe me, I know of cases where they've [guards] killed people inside. So at the end of the day, that's an element of - there's always, um, always going to be violence and whatnot in there, but there's got to be accountability.

Ultimately, regarding the overall prison experience, Ed explained the similarities to Kafka novels *The Metamorphosis* and *The Trial,* and Tom compared it to Kubrick's film, *A Clockwork Orange*:

> You want to know what doing time is like? Read a Kafka novel. Read Franz Kafka. The trial. Right? He's the master of angst. The master of terror. Absolutely. His prose and uh, Well, read Franz Kafka… Read it, get the movie, Orsen Wells made a good version of it. (Ed)

> Did you ever see the movie *Clockwork Orange*? ... Well you know part of that therapy of this guy, right, was they held his eyes open and he witnessed constant violence, right? And that was supposedly to straighten him out. Right? And I guess it worked to a degree because he got pretty wimpy if I remember correctly. Yeah. And uh, that's what my prison experiences were like for me. Right? You know that's what my prison experiences were for me. (Tom)

6.5. Devolution of the "Guards"

Participants indicated that their survival in prison largely depended on their ability to withstand consistent violence and demonstrations of force perpetrated by correctional staff. While the men indicated that not all staff engaged in violence or abused their power, almost all participants (88%) referred to a culture of correctional staff that not only perpetuated an approach based on domination and violence but required it. During our conversations, some men referred to experiences or remembered a particular incident in which a correctional staff member demonstrated kindness or compassion but clarified that these staff members were referred to by the majority of correctional staff members as "molly coddling inmates" (Ed) and as "con-lovers and sympathizers" (Martin). Explaining that "peer pressure is just as bad with the correctional staff as it is with the prisoners" (Ed), participants explained that the majority of CSC staff enforce compliance with the dominant correctional culture. For example, Robert explained, "Not all correctional staff are bad, but the good ones are governed by the bad ones. The bad ones use intimidation and violence to make the good ones do what they want." Several men explained what intimidation and violence involved. Joey, for example, referred to a loss of power resulting from a CSC staff member extending compassion and respect to prisoners, conflicting with the dominant correctional staff culture:

> There was a staff member in there who was pretty compassionate [but] didn't have a lot of power because he had kind of burned his bridges in there by being humanitarian and trying to stick by the Charter and respect peoples' rights and dignity.

Martin explained correctional staff that demonstrate compassion and respect, saying that "there are guards who treat prisoners as people," however there are "not a whole lot of them and [they are] widely dispersed." Dan told me that "there are some rare exceptions that uh, some staff are good, helpful." Revealing the consequences experienced by these staff members, the men said they were "given the worst job in the institution, [were] treated badly by their professional community" (Martin) and they experienced "parking lot adjustments" (Robert). Martin explained parking lot adjustments as:

> There are guards who are people, and who treat you as people and who are hated by their own kind - who get shit-kicked in the parking lot for being a con-lover. And still, [they] come to work the next day with their bruised knuckles and black eyes … If this guard, who is showing me

some kind of kindness, is going to get beat up in the parking lot because of that, that's an injustice. But there's nobody you can tell because that will draw heat on him.

Some participants told me that the new, younger correctional staff members are responsible for creating the violent correctional cultural approach, as illustrated by Robert: "The younger generation [of guards] run everything, and they're punks [who] come looking for attitude. They want to get in your face." Martin referred to this younger generation as "a new breed" who control the culture, particularly the "older generation of guards" (Robert). Explaining the "new generation of guards," Tom said:

> Forty years ago the guards were, 'you know what, if we don't hear your name too much and if you don't insult us, pretty much we're going to leave you alone and not cause too many problems.' Where - it's the exact opposite now … the guards now have become intolerable of any rule-breaking. So the slightest thing, they're going to get a guy on. And uh, that's how they operate.

Robert emphasized the powerlessness of the "old generation of guards" as: "The old guards no longer have no say. The old guards - it breaks my heart … they have to sit back and watch these things and they can't say nothing because it turns on them."

Most participants (60%) pointed to the "good old boys' club" who have "become hardened to the system" (John). These men said that when "guards" begin their careers, "they want to help" (John), but that a devolution process occurs. Through this devolution process, correctional staff lose the ideals and values with which they entered correctional work, and they acquire, what Ed referred to as, a "pack mentality." The men explained that all CSC staff are impacted by the violent culture of corrections, partly because of its pervasiveness. Joey's explanation, "even those with the best intention going in, they just get perverted by the nature of that environment, and they get lost and consumed by it," and John's description of witnessing this changing attitude over time represent the perspectives of the men:

> A lot of the staff get hardened to the system. Some of them [in] a short time, some of them a longer time, but you can see it over the years, some of them get hardened to it. And they don't see what they're supposed to see … They just look the other way [because] they don't want to see that [the violence] any more.

Alex described this devolution process and pack mentality as beginning immediately on hiring, and continuing over time:

What prevents officers from actually doing what they think they can do are Corrections' model for an officer, meaning that when they sign their name on the paper that they're a correctional officer. They agree to the conduct and code that an officer should be. And they have a union and management that they have rules of what to do. So all those things separate the officer from the inmate. Right? They create the barrier and the 'us and them.' Right? That's the big problem. It's not only us and them with the inmates - it is with the employer. You know, they (Corrections, the union) have a different view of how corrections should be, and it's not about getting to know the person or getting involved. For the most part it's lock em up and point a gun at them… [And] once you become one of them you lose your voice to speak out freely for what you think. Because once you do, you're not one of them anymore. You're pretty much a follower after that. If you're not, they weed you out. They'll do it right there in the parking lot themselves, you just get shunned and your work environment will be made unbearable and you'll quit.

Several participants emphasized the need for correctional staff to comply with dominant culture, from a physical and a psychological perspective. For example, explaining that in many cases new staff "would like to see [cultural] change happen," Peter emphasized the loss of personal dignity and values experienced by correctional staff who attempt to implement change:

But that change is going to come at a cost of their own well-being, and I mean that in a mental sense, an emotional sense... They (Corrections) have a certain way of doing stuff, and if you start rocking the boat with a bunch of different things, you're going to find that it's not being where they want it to go, and you will be given shitty things, and different things will happen to you in there. And um, you really gotta fight for who you are.

Martin emphasized the need for correctional staff to maintain emotional distance to do their jobs:

They can't have personal interaction, because then they become - accessible to somebody else. Somebody else (prisoners) can rattle [their] cage and make [them] feel things, and then they can't be [work] in prison. Right? They can't attach themselves to you emotionally.

The men shared that staff who are unable to distance themselves emotionally to I-P violence or demonstrations of force by other staff members, quit. In my interview with Joey, he explained a particularly gruesome injury sustained by a prisoner who "slashed" (self-harmed by slashing), and a correctional staff member's reaction to it:

[A prisoner had a] wound in his forearm that went from his elbow to his wrist, and it was a couple of inches across. Like you could see it was

wide open. I could see tendons and stuff in there … And so I talked him into going to Health Care and um, he went down there the doctor put staples in there, another layer of staples and then stitches on top. So 3 levels, the floor was just a layer of suture packages, and he stayed in the health care and the guard was walking back to the unit [with me] and he said, "I don't know how you guys deal with this. How do you deal with this?" And I said, "Well, we have to. We don't have a choice. Like we can't walk away from it." And he says, "Well, I can, and I can't deal with it." And that was his last day. He quit that night.

From the perspectives of the men, the result over time was that correctional staff do not care about the prisoners, "they couldn't care less" (Tom); "They don't give a shit. They just want their paycheque" (Stuart). Even the correctional staff who started with good intentions, over time "get caught up in the roles and they get jaded by their experience" (Joey), and similar to prisoners, lose their *ability* for human connection and soft emotion. Joey explained how one Unit Manager bragged to him:

> They devolve into these roles and lose what their original ideals and goals were going in there. It never ceases to amaze me how far off the track some of the can get, as far as training - a lot… I mean to have a Unit Manager in charge of visits tell me one day - she said, "I've been in charge of visits for over 15 years, and I've never once let compassion influence one of my decisions.

The men explained that the devolution process is much more than performing "heavy handed tactics" (Joey) and suppressing emotion. They revealed that the prison environment, which requires consistent violence, demonstrations of force, and witnessing of human degradation, impacts the overall identity of correctional staff, with violence and domination becoming *who they are*. To illustrate, Ken said of correctional staff, "they're more broken than we are!" Peter explained, "I don't believe that they come to work and they can leave it at work. I imagine that it comes home with them at times because something that profound … you try to make it as bright as possible but that gets tarnished after your thrown into … it's like throwing shit on the wall, and it just sticks." Overall, correctional staff lose their humanity, as Paul, referring to a non-correctional system worker, declared, "They're not guards. They're actually real people."

Joey summarized the devolution process of the guards:

> If you keep locking someone in a cage you can't think of them as human, as someone deserving of love and compassion and empathy and respect and dignity. You've got to dull that down, because otherwise, how could you keep locking the door?

Overall, the men indicated that although many correctional staff members come into their work wanting to help prisoners, they experience a distinct erosion of their pro-social values, and they lose their emotional capacity and their humanity over time.

6.6. Resisting the Keeper

The men described strategies used to survive I-P violence, including arming up, staying on guard and developing a hyper-mask-uline behavioural repertoire, as presented above. They also described specific behaviours which they developed in response to the violence and degradation perpetrated by correctional staff, to protect their autonomy.

6.6.1. Autonomy as Power

Participants revealed the importance of protecting themselves from abuse by staff and demonstrated their resistance to the authority of the staff and the institution through various behaviours. All men pointed to autonomy and resistance of abuse as drivers of behaviours in prison. For most men (71%), protecting themselves included resistance to participation in required programming.[63] They told me that when they attended required programming, they did so with resentment (Joey), and did not fully participate or did not reveal anything that might be used against them. For example, Tom illustrates the perspectives of the men, saying that "the more you give em, the more they're going to use against you," and explaining that "any time I dared to speak the truth, it never - it was always used against me for something - to get denied release." Therefore, the men limited their participation. As a result, Tom explained, "If I was forced to take a program I would just go through the motions. You know, so if that's what it takes to get a kick at the can and get out, then you do all these programs." Participation, for most men, did not equate to revealing personal information. Particularly regarding his child abuse, Tom explained, "I didn't even talk about it until about 5 years ago [after my release] … Um, if I'd have mentioned that in prison then I'd probably have to deal with it before they let me out."

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[63] Participants referred to programming as including psychological counselling and assessments, and any program or behavioural treatment required by CSC.

Others more overtly refused to reveal their true selves to staff in programs, as demonstrated by the following excerpts from my discussions with Martin and Peter:

> You can't really build a trusting relationship with a CSC employee. I can't. So, when they tell me I gotta speak to this program officer or this psychiatrist "officer" - I know a psychologist's opinion is only one man's opinion. But they're all writing reports. And it all affects you later. So they don't get the real stuff. They get something different *every* time… (Martin)

> When you've been in for years (silence)… after a while you shut down and you shut off, [and] it doesn't matter how much you're knocking on the door, it's not coming in. I'll give you what you want to see but that's all you're getting. And then I'll learn to play you. (Peter)

Almost half of the men (47%) said to protect themselves psychologically, they stopped caring about reports in their files. For example, Alex simply stated: "I stopped caring about the reports. I stopped caring what they wrote," while others indicated they completely stopped reading the reports:

> Every program report, every activity report, every quarterly report, I don't bother reading them. I just fucking toss them. It's got no bearing on me. Right? It's what *they* need to do to satisfy *their* higher ups to get their pay cheques! I don't give a fuck about your paycheques. If I'm going to be reading this stuff that's just messing with me. Then I'm going to buy into it. Right? Whether I want to or not. Because we are a social animal. We want to fit in, be liked, and do good. (Martin)

A third of the men (35%) indicated that they developed or participated in prisoner-developed programs and support groups to experience growth and obtain help, while resisting institutional programming and CSC. Emphasizing the importance of prisoner-developed programs, Martin said of Alcohol Anonymous and Narcotics Anonymous, which were established decades ago, "the joint had no fucking part in it. Pardon my language. We wanted no part of them." In addition, the men indicated their involvement in the development of a culinary program, a theatre group, a lifers' kitchen and a variety of other prisoner initiatives (see Chapter 7).

Finally, while many of the men indicated that they refused family visits or phone calls for various reasons, a minority of the men (30%) told me that refusing visits contributed to their ability to maintain autonomy in prison, more specifically, to reduce the institutional control over them. For these men, "the underlying theme [of safety] had to do with autonomy" (Joey). Referring to a "tug of war" between prisoners and

correctional staff, Joey explained the danger of giving in to abuse or demonstrations of force, saying, "Well, if I give you this today, then tomorrow you're going to want that, and the next week it's going to be something else, and in the end I'm going to be left with nothing." For these men, standing up for their rights was important, but as a result, their families were harassed or refused entry. Joey explained, "it's not just me but it's my family that comes to see me that suffers" by being turned away at the gate due to "visits expired, error in clerical paperwork or something or the ion scanner or something." Discontinuing family visits provided the autonomy to challenge demonstrations of force, as Joey explained:

> At one point I cut off all visits for almost two years. Just because I knew that every time my visitor would come out they would harass them because it hurt them, it hurt me. And that was their way to get to me. So I'm like, "Ok, well now I have no more visits. So, it's just you and me now so let's work it out. Buckle down the hatches - away we go.

To further illustrate, Martin eliminated all community connections, and explained that he never became emotionally attached to anything or anyone. He refused visits and letters because they could be used to manipulate him or be taken away at any time. To maintain control and reduce his own pain, Martin explained that the only valuables he possessed in prison remained "in his head":

> I isolate. I do not connect with anybody. I don't accept visits or letters or phone calls, because they can use that against you…I don't give them *anything* that they can use against me. Nothing in jail is more valuable than I can lose in 10 seconds. Yeah. So, everything you value is in your head.

The men also described a variety of behaviours that served as revenge, retaliation or resistance of abuse. For example, Joey described revenge and retaliation towards the correctional staff during his younger years in prison, as:

> Two-stepping around the bubble, taunting the guards, or we'd go down there and bang the football off their bubble. And they'd come out and we'd play 'piggy in the middle' and you know, stuff like that. Just real young, punk, stuff, right? Um, we'd sit outside on the walkway at shift change and throw comments on their way in, and the ones we got a reaction out of, we'd pick them to taunt for the rest of the shift just for entertainment, right?

A minority of men referred to prisoners' protests that occurred in response to loss of privileges. For example, regarding the loss of prisoner's smoking privileges, Ed explained:

> They [prisoners] sat down voluntarily, the whole population, for four months. Four months, through the summer, the hottest time. And not one guy would leave their cell. They [guards] had to feed them, they had to do all of the menial tasks, and after four months the staff was beside themselves.

The men further explained prisoners' retaliation against CSC staff. For example, Peter referred to, "playing with them" which involved "[putting] the person [CSC staff member] in their spot of knowing that they've stepped over the line in a good way...by [doing] something that's going to jab them, and they'll get dressed down from their superiors." Eleven of the men (65%) indicated that they were aware of, or participated in, instances where revenge or retaliation included violence inflicted on correctional staff, which ranged from "guards get[ting] punched out" (Peter), "hurt really bad" (Ed) or murdered, to hostage takings and riots.

6.7. Habilitation

All men expressed the violence, unpredictability, and especially lack of safety, they experienced in prison. Despite their clear expressions of a pervasive lack of safety, all but one of the participants (94%) indicated that they developed a sense of comfort in prison, using phrases such as "they become institutionalized" (Ed), "I'm used to prison" (Andrew), and "that's all we know" (Stuart). This comfort developed either because the violent environment was an extension of their childhood experiences, because they had adapted to that environment over time, or both. This is illustrated by Joey's experience of fighting to maintain autonomy and his perception of having "fail[ed] miserably" combined with his explanation that adaptation to prison occurs early in their sentence and results in not only a gradual loss of autonomy, but an inability to make decisions:

> From my observation, what I saw experienced, I think institutionalization usually starts to kick in for guys around three, three and a half years. They start to get conditioned to not having any freedom of choice and turn into automatons, and not trusting their own judgment.

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Ten of the men indicated that they know how to survive in prison, saying that they understand the "rules" (Peter), and that the prison environment was an extension of their environments and experiences in childhood.

Some of the men referred to their childhood and adolescent experiences in various institutions (e.g., psychiatric institutions, juvenile detention centres, residential schools) as having prepared them for life in prison. For example, Stanley said that "the adaptation wasn't too long… it was easy for me to come back to prison," explaining, "Even [though] this was a maximum, I already had an idea of what the game was because having been in juvenile centers for - since the age of 11, in and out - I knew what I was stepping into." For Robert, the violence perpetrated by correctional staff and the separation from community and family was familiar to him, having lived in foster homes and a Residential School:

> Prison - I looked at prison being, I looked at prison all my life when I went to Residential School, and they put me in foster homes, I looked at all that as prison. Right? ... People - foster home people abusing me, Residential School people abusing me, prison people abusing me, police, everybody abusing me. You know?

Further discussing the loss of family connections, Robert explained, "Community fragmentation, family fragmentation, right? Residential school never stopped. It just took on a new name - CSC and Parole Board." For many of the men, prison replicated the violence they experienced in relationships throughout their lives, including within the relationships with their parents. Joey illustrates:

> I didn't trust my family, I didn't trust my teachers, I didn't trust authorities, the justice system - and I actually found that the carceral system reinforced and intensified the trauma I had at home as a child. It's very much the same relationship."

For some of the men, this "same relationship" represented a continuation of isolation and emotional suppression that began in childhood. Tom explained:

> I often said to myself that this experience I had with being locked in my bedroom [as a child], right, made me a good inmate when I got to prison. Because I was used to being locked in a bedroom, so now I'm locked in a cell. Yeah. It's just a different kind of bedroom…and um, you know, I saw a lot of stuff over the years, and I guess by not showing emotions, it served me well I guess, in a way … yeah.

Like I say, all that time in my bedroom was good training for prison, for being a prisoner, because I was relatively comfortable in prison. In fact, I liked the prison a hell of a lot more than I did being at home. You know? And [prisons] were not pleasant places.

For others, prison represented a continuation of violence. Ed explained the normalization of violence over time: "You know, you've stuffed things so deep and whatnot, that nothing bothers you. I mean, when every day is nothing but violence and stress and whatnot you learn to live with that like it's the norm." Peter also explained the familiarity of the correctional staff-prisoner relationship, drawing a parallel to that of his, and other prisoners' relationships with their abusive fathers, which they knew how to handle, and which therefore guided their responses:

He's [the guard] got to measure out how much punishment he's going to give [prisoners]... and guys coming in, they've heard that from their dads and stuff. "You son of a bitch!" "You poor ass piece of shit!" Whip em and beat em - and you go through that and now you have someone else that's emulating the same things that you had when you were a kid. So yeah, "Fuck you." "You stick it up your ass" and "Is that all you got?" and then sometimes they [guards] get punched out.

In summary, as a result of the violence they experienced both in prison and prior to prison, the men developed coping strategies in prison that involved behaviours directed at maintaining autonomy. The men indicated that the violence, uncertainty, and unpredictability, they experienced in prison was experienced as an extension of their pre-prison experiences.

6.8. Discussion

The themes interpreted in this chapter extend the psychological and behavioural coping and survival strategies employed by the men in prison. These themes represent additional experiences that compounded trauma and prevented healing from their CPT. Themes in this chapter are represented on Side A of the Prison Model in Figure 5.1 (see Chapter 5), as developed from my interpretations of the themes that emerged relative to correctional staff-prisoner (CS-P) interactions. The factors contained in The Prison Model occur simultaneously; CS-P interactions occur concurrently with inter-prisoner (I-P) interactions. Therefore, the impacts discussed below occur in addition to, rather than in isolation from, impacts previously discussed.

In Chapter 5, I connected my participants' vernacular to that found in scholarly literature and emphasized Crewe's (2011) assertion that the "vernacular of prison life is a guide to its qualities (p. 509). This connection extended literature revealing the violent and unpredictable nature of the prison environment. Participants' use of language and emergent themes in the current chapter extend the violent and brutal nature of prison to include its dehumanizing, exploitative nature (Cayley, 1998; Clarke, 2017; Crewe, 2007; Dye, 2010; Jewkes, 2005). Participant expressions regarding CS-P interactions and relationships incorporate terminology that is consistent with that in scholarly literature, including terms such as "dehumanization and brutality" (Leyva & Bickel, 2010, p. 51), "demonic parody of conventional society" (Cayley, 1998, p. 107), and "schools of humiliation, degradation, brutalization and exploitation" (Gilligan, 2001, p. 118). Tom's analogy of prison as *Clockwork Orange*, a film in which a dystopian prison using an experimental aversion therapeutic technique known as the "Ludovico technique" is portrayed, is particularly revealing. Similarly, Ed's analogy of prison as described in a Kafka novel concurs with Cohen's (1985) portrayal of maximum-security prison as "Kafka-land, a paranoid landscape in which things are done to us, without our knowing when, why or by whom, or even that they are being done" (p. 7).

This finding reinforces participants' experiences of prison as devoid of safety, as discussed in the previous chapter, extends the brutal nature of prison, and incorporates the additional psychological component of violence experienced by participants. The following discussion further illustrates participants' lack of safety and exposes the lack of autonomy and the relational strategies they experienced as a result of CS-P interactions.

6.8.1. Contemporary Pains of Imprisonment - Extended

The data reveal the psychological impacts of prison, experienced by participants as a result of CS-P interactions. The men's lack of self-worth arising from being treated as "less than human," their inability to maintain autonomy, exert control, or make decisions about even the most mundane daily activities, and their reliance on correctional staff to meet their most basic human needs were particularly humiliating and degrading to them. In addition, inconsistency combined with the finality of decisions made by correctional officials proved extremely frustrating and confusing to them. These findings are consistent with literature that establishes the psychological pains of imprisonment, further supporting the pains of imprisonment offered by Sykes (1958).

Emphasizing I-P brutality in Chapter 5, I contradicted Sykes' (1958) claims that physical brutality is a "suffering of the past" (p. 64). My findings in Chapter 6 reinforce brutality in prison by including the additional component of CS-P violence. My data also include psychological mechanisms of manipulation and control inflicted by correctional staff, which are consistent with Sykes' (1958) assertion that although seen as "a humane alternative [to the] physical brutality," psychological strategies and behaviours of prison staff impose "destruction of the psyche [which] is no less fearful than bodily affliction" (p. 64). The men used terms such as "degrading" and "humiliating" to describe their psychological experiences of CS-P interactions, and their experiences of extreme humiliation and degradation are consistent with other prison research. For example, scholars assert that one of the most psychologically painful aspects of prison is that prisoners are treated as children and are dependent on their captors for basic necessities of life such as food and clothing (Haney, 2006; McDermott & King, 1998), which Haney (2006) refers to as becoming "infantilized" (p 175). Leyva & Bickel's (2010) autobiographical and in-depth exploration of prisoners' lives refers to human degradation as an overarching aspect of incarceration. Particularly relevant are the findings of Ricciardelli & Memarpour (2016), who point to "degrading prisoner conditions" (p. 180) in Canada's federal prisons, and findings of Canada's former Correctional Investigator, who reported increasingly "diminished privacy and dignity" and "demoralizing and degrading" (Correctional Investigator of Canada [CIC] 2013, p. 23; Also see CIC, 2017) experiences of prisoners in Canada's federal prisons.

While in some cases, psychological impacts such as degradation and humiliation occurred as a natural consequence of imprisonment, as previously discussed (e.g., loss of liberty and autonomy) (Cohen & Taylor, 1972), my data indicate that negative psychological impacts often result from abuses of authority, institutional policy, or both. The vast majority of participants perceived correctional staff's views of them as "less than human" or undeserving of respect and that participants experienced consequential behaviours by correctional staff as degrading, humiliating, excessively dominating, forceful, and violent. They indicated that they were regarded by correctional staff as "animals" and "untouchables." This attitude towards prisoners is consistent with McDermott and King (1988) whose study of prisons in England and Wales, reported

> …near unanimity in the stereotyping: staff are callous zoo keepers, indifferent to, or enjoying, the indignities suffered by their charges;

prisoners are no better than animals who don't deserve proper sanitation (or other facilities). (p. 361)

The dehumanization of prisoners and the brutality inflicted on my participants by correctional staff supports the findings of Haney, Banks and Zimbardo's (1973) widely recognized simulated prison study that found mock prison guards to "invent creative ways" to harass, degrade, abuse and inflict "sadistic behaviours" on their prisoners (as cited in Haney & Zimbardo, 1998, p. 709). My findings also support Leyva and Bickel (2010) who report prisoners' experiences of dehumanization and brutality including intimidation and serious assault at the hands of correctional staff, and Curtis (2014) who reported prison "COs and staff" portrayal of prisoners as "bogeymen" and "violent animals" (p. 128-130). In addition, the data endorse Drake (2011), who argues that as a consequence of recent increases in media coverage, public pressure and the habitus of maximum security,[64] correctional staff adopt a view of prisoners as "dangerous others" and "public enemies" (p. 375). The data also suggest agreement with Haney (2011) who describes contemporary correctional officers as approaching their roles as providing "waste management" (p. 126). These views, as expressed by Drake (2014), justify prisoner objectification and dehumanization, which then become "functional and valuable" (p. 102) tools enabling security strategies in prison.

In addition to what Sykes (1958) referred to as "destruction of the psyche" (p. 64), my data expose experiences of extreme brutality at the hands of correctional staff. Participants referred to unnecessary and violent strip searches, extensive warehousing and solitary confinement, and being handcuffed to prison-cell bars for days. Participants referred to correctional staff as "muscle-bound clowns with tasers and balaclavas," and spoke of staff members that "just want to shoot people" (Alex) and correctional staff that were responsible for hideous violence, suspicious suicides and murder (Ed). These data are consistent with contemporary literature that expands Sykes' (1958) pains of imprisonment. For example, scholars explain that while physical brutality exists, it is less common than in the past, but prisoners still experience degradation and physical

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[64] Drake (2011) explains the 'habitus' of maximum-security as: "a belief, notion, penal cultural or moray that is not routinely subjected to 'rational reasoning'. As a concept it has become taken-for-granted as necessary by prison staff who do not question its purpose or morality. It is a learned habit; something which is expressed and embodied in the daily practices of prison officers. For the prison officer it is both a state of mind and a shared belief that has currency in social structure. Indeed, it is an ideal or belief promoted by the popular media and upheld by society at large as necessary" (p. 374).

mistreatment (Haney, 2006) and that contemporary pains of imprisonment are both physical and psychological (Eytan, 2011; Maschi, et a., 2015).

The extreme brutality revealed by participants is consistent with previous research regarding correctional officer behaviour. For example, former Canadian prison warden Robert Clark (2017) asserts that regarding prisoners as less than human leads the majority of prison staff to treat prisoners in "ways they would not even consider outside of prison [and] that they would be ashamed to have their family and friends see" (p. 16). While the men indicated that they experienced pains of imprisonment as consequential to imprisonment, they also revealed considerable physical violence and other expressions of aggression, domination and excessive use of force inflicted by correctional staff. These experiences are not unique to the men in my study; they are consistent with reported behaviours of correctional officers and institutional policies (see Crichton & Ricciardelli, 2016; Haney, 2006, 2011, Leyva & Bickel, 2010; Ricciardelli & Memarpour, 2016). For example, in a study of men released from prison in Boston, Western (2015) found that 28% of prisoners interviewed had witnessed violence involving a correctional staff member. Leyva & Bickel (2010) describe prison as "years of torture" that include physical and mental abuse. These scholars describe group strip searches, referred to as "the piggy shuffle" (p 54), physical assaults carried out by "guards who act like soldiers" (p. 55), "verbal whippings" that involved screaming profanities and degrading prisoners "in every possible way," and they provide descriptions of correctional staff as "shotgun wielding pig[s] with trigger-happy tendencies" (p. 55). Snacken's (2006) study of violence in Belgian prisons reported the prevalence of aggression by staff on prisoners as well as institutional violence. Snacken reported that although staff openly disapprove of the use of physical violence, they, themselves, reported using "abusive or gratuitous acts of violence" against prisoners. He also reported prisoners referring to correctional officers as "rambos" and "cowboys" who provoked prisoners to "legitimise sanctions" (p. 321). In Canada, the Correctional Investigator indicated a 25% increase in reported use of force incidents in 2015-2016 over the preceding year (Office of the Correctional Investigator [OCI], 2018), and in their 2015-2016, 2016-2017 and 2017-2018 Annual Reports, Canada's Correctional Investigators identified escalating use of force incidents as a systemic area of concern (CIC 2016/2017/2018).

Tighter security

Themes emerging from the data identify the use of family and programming as tools of coercion, and provocation, personal violations (i.e. home invasions, strip searches), and extensive periods of solitary confinement as strategies to control prisoners. My analysis also found that prisoners experienced arbitrary and inconsistent decision-making by correctional staff, the extensive use (and threat) of reports, and the necessity to 'engage' with prison staff (e.g., through programming and psychological assessments) as primary control mechanisms. The data further exposed choices extended to prisoners as "miniscule" (Ken), and when potentially meaningful choices were presented to prisoners, these choices were purposely restricted, 'consequences' were imposed for the 'wrong choice' and that choices were experienced as coercion. These themes corroborate literature indicating that contemporary prisons have altered management strategies to reduce brutalization, while increasing psychological, or "softer" strategies of control and power (Crewe, 2007, 2011). Referring to this shift as "lighter but tighter" (Crewe, 2011, p. 509) management, soft power involves "steering" (Crewe, 2007, p. 258) prisoners to make choices consistent with institutional goals through threats and punitive measures (e.g., denial of visits or institutional transfers). Several tactics and outcomes result from this shift to psychological manipulation. Crewe (2011) found that attempts to increase dynamic security through staff-prisoner interactions resulted in "strategic and superficial" relationships (p. 457); correctional officers interact with prisoners as a means of control and prisoners interact with correctional staff as a strategy of asserting autonomy and obtaining release. Use of solitary confinement as a punishment strategy has increased, prisoners perceive prison authorities as exercising an increased intensity of power and manipulation, specialists' (psychologists) assessments are "more pernicious," and an overall "softer, yet more opaque and uncertain" correctional culture has developed (Crewe, 2007, p. 261-263).

The men in my study indicated that any expression of anger or frustration towards correctional staff resulted in file reports. Crewe (2007) also found reports written in prisoners' files were a significant method of victimizing prisoners, with both correctional staff and prisoners referring to "the power of the pen" (p. 261) as a mechanism of control. Crewe reported that correctional staff overuse written forms of authority, mistreating prisoners with negative, petty or inaccurate comments in prisoners' files that often delay release on parole. One of Crewe's (2007) prisoner interviewees

stated: "In the old days, they could fuck you up with their fists. Now they can fuck you up with their pen [...] The power of the pen is really mighty in prison nowadays" (p. 261).

While the use of soft power is subtler and less brutal, my findings are consistent with scholars who argue that soft power has resulted in expanded institutional control over prisoners' liberty and autonomy, exerts greater control over prisoners' behaviours and cognition, and increases prisoner susceptibility to arbitrary decisions (Crewe, 2011; Ricciardelli et al., 2015). My participants provided the analogy of being in a tunnel with authorities controlling the light switch at the end, saying "The light's on, the light's off. The light's on, the light's off" (Stanley). Participants experienced "moving goalposts," (Crewe, 2011, p. 514) - inconsistent decision-making and unclear, unattainable and constantly changing rules, that leave prisoners in a "perpetual state of uncertainty" (Ricciardelli et al, 2015, p. 506) and "performative purgatory" (Crewe, 2011, p. 517), because rules are illusive and goals are unattainable.

Correctional Culture

In addition to a shift towards psychologically based correctional strategies, my findings reveal *required* solidarity among correctional officers to a culture based on domination and violence, and disallowing kindness or compassion. These findings are consistent with previous research that points to a subculture of an overdeveloped sense of solidarity among correctional officers (Clarke, 2017; Drake, 2011; Griffiths & Murdoch, 2014), and to characteristics of correctional staff. For example, correctional officer culture includes staff characterized by "insularity, group solidarity… pragmatism, suspiciousness, cynicism, conservatism, [and] machismo" (Arnold, Liebling and Tait, 2007, p. 484). Crawley (2004) emphasizes the necessity of depersonalization, detachment, and the presentation of an image of "machismo" (p. 417), and Toch (1998) includes a "tenet of street justice" (e.g., retaliation, revenge) (p. 169). In Canada, Clarke explains, correctional officer solidarity includes an "oath of secrecy…found from the tiniest corner of any prison shop to the highest halls of power in Ottawa, and everywhere in between (p. 17) and Zinger refers to CSC's workplace as reflecting a "culture of indifference and impunity" (CIC, 2017, p. 4).

Further, prisoners spoke of "peer pressure" among correctional staff and "parking lot adjustments" delivered to culturally non-conforming staff members. These findings corroborate previous research that found correctional officers whose behaviour

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contradicts cultural norms experience exclusion, derision and condemnation by colleagues (Crawley, 2004; Drake, 2011). Finally, participants indicated that they experienced a "new breed" of "in your face," violent, abusive correctional officers who have become "hardened" and devoid of emotional *ability* and who are perceived by prisoners as "less than human." These perspectives corroborate findings of increased use of punitive measures, use of force and extensive use of solitary confinement concerns raised by Sapers (CIC 2013, 2016) and Zinger (2017) regarding Canada's federal prisons. They also substantiate Sapers' assertions around the infiltration and impact of correctional policies and practices consistent with the Harper administration's (2006-2015) tough on crime approach (Stone, 2016). The data also reinforce assertions that over time, as punitive correctional approaches dominate and media presentations reinforce prisoners as the public enemy, a new generation of correctional workers emerge, lacking understanding of the psychological impacts of prison, who are therefore less likely to support rehabilitative measures (Drake, 2014; Haney, 2006).

Correctional officers' lack of emotional engagement, becoming emotionally detached, and eventual lack of *ability* for emotional expression, are consistent with current research. Arnold et al. (2007) and Crawley (2004) argue that extreme and prevalent fear (of violence) involved in the work of correctional officers requires them to engage in "emotional management" strategies. As a result of these strategies they ultimately become emotionally hardened, cynical, and detached, depersonalizing *all* prisoners, and developing the ability to "switch off, or go robot" (i.e. hide all emotions) (Crawley, 2004, p. 419). Like the prisoners they manage, correctional officers develop a hypermasculine persona including domination and violence, power and control, and emotional suppression.

Survival strategies employed by prisoners and correctional staff result in both groups engaging in the presentation of hyper-mask-ulinity, with each maintaining relationships strategically. Correctional staff exert extreme measures of manipulation, domination, control and force over prisoners, and prisoners escalate childhood strategies of resistance to ensure physical and psychological survival, and to create or maintain autonomy. Each perceives the other as not human. The resultant "extreme polarization" (Mallea, 2017, p. 22) between correctional staff and prisoner, a Hyper-mask-ulinity Stand-off (see Figure 5.1), exacerbates and escalates prisoners' experiences of violence and trauma.

6.8.2. Compounding Trauma & Extending the Causal Loop

Psychologically traumatic events are recognized as "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013, p. 271). Psychological trauma is recognized as an "overwhelming experience that is beyond the capacity for an individual to cope effectively" (Siegel, 2012, p. A1-82). The data discussed in Chapters 5 and 6 underscore participants' experiences of Canadian federal prisons as a ubiquitously and multifariously dangerous environment where traumatic events are prolific, and adaptation to these events is a matter of survival. The importance of environmental factors in the experience of psychological trauma cannot be overstated and, as such, physical and psychological violence, abuse and manipulation have been explored in this chapter. Equally important is how these ongoing experiences impacted healing.

As evidenced above, my data corroborate extensive scholarly and correctional literature that examines physical and psychological experiences and impacts of imprisonment. Countless incidents of extreme physical abuse and violence, as well as severe psychological violence, manipulation, and control comprise the daily experiences of imprisoned men. As indicated in the classic *Prison Experiment* of Haney, Banks and Zimbardo (1973), these experiences have the potential to cause even physically and psychologically healthy men to experience psychological trauma. While prison creates trauma for healthy men (see Armour, 2012; Haney, 2006; Liebling & Maruna, 2006; Maschi et al., 2015), these experiences are particularly deleterious for men who have experienced previous trauma (Miller & Najavits, 2012; Saxon et al., 2001) and they are undeniably counter-productive to healing.

As previously discussed, trauma healing *requires* the experience of safety, and any effort to facilitate healing *must* begin with the individual's experience of psychological and physical safety (Elkins et al., 2017; Fallot & Bebout, 2012; Herman, 1992; Knight, 2015) and *must* include environments that avoid potential and actual triggers (Brown et al., 2012; Fallot & Bebout, 2012). My data indicate that the primary factor of safety was not experienced in prison and safety was absent in both I-P and CS-P interactions. The prison environment was experienced as dangerous and volatile, exposure to potential and actual threat was psychological and physical and was an unexceptional experience. Rather than an environment conducive to safety and trauma

healing, the prison environment represented an environment conducive to inflicting trauma and compounding prior trauma.

Prison experiences included CS-P relationships based on strategy and survival. These relationships emphasized the establishment and constant demonstration of prisoners as subordinate, "infantilizing" (Haney, 2006, p. 175) and "objectifying" (Drake, 2014, p 102) them, and humiliating and degrading them through a profusion of "demonstration of force" strategies intended to maintain dominance and exert control. As such, the data presented in this chapter reinforce participants' experiences of prison as having extended and compounded psychologically traumatic aspects of their childhood and counteract efforts at trauma healing.

Participants expressed a familiarity with the treatment they received from authorities, either because it reflected abuse inflicted by their parents or caregivers, or because they experienced institutionalization in their childhood. The men experienced authority figures in prison as mirroring authority figures experienced in childhood, and their narratives confirmed prison as the next logical step in their life course trajectories. They drew connections between their childhood experiences of isolation, violence, and emotional suppression and those that they experienced in prison. They described their childhoods as "good training for prison" (Tom), and prison as having "reinforced [and] intensified" (Joey) their pre-prison trauma (i.e. Joey: "the carceral system reinforced and intensified the trauma I had at home as a child. It's very much the same relationship").

In Chapter 5, I disputed assertions that prison constitutes a "life course disruption" (Jewkes, 2005, p. 368) that causes a "seismic" (p. 366) suspension of future life expectancies. I-P interactions contradicted Zamble and Porporino's (1988) concept of prison as a "behavioural deep freeze" (1992, p. 420) and my findings corroborated previous scholars who reject the concepts of prison as a life course disruptor and behavioural deep freeze as being "psychologically naïve" (Haney, 2006, p. 308) and as underestimating contemporary pains of imprisonment (See Dye, 2010; Haney, 2006; Liebling & Maruna, 2006). The data presented in Chapter 6 further contradict assertions of Jewkes (2005) and Zamble and Porporino (1988), extend and emphasize my earlier findings of psychological impacts of prison, and connect the psychological impacts of prison to important and relevant aspects of criminological life course theory. Rather than reflecting the concept of a behavioural deep freeze, the data in this chapter further

accentuate the integrated model of mal-adaptation to prison. This integrated model posits that mal-adaptive behavioural changes result in prison as a combination of deprivation (i.e. characteristics of the prison environment) and importation (i.e. characteristics and previous experiences of the prisoner) (Dye, 2010).

Supporting this model, my data illuminate two particular life course theory assertions, including the interactional nature of the life course trajectory and the importance of the causal loop. First, the data demonstrate the interplay of trajectory and transitions as determining the continuation of the life course trajectory (Sampson & Laub, 1992). This interplay is demonstrated through participant perspectives indicating that once imprisoned, survival *required* I-P violence and domination, concurrent with requiring the development of strategies to psychologically and physically protect themselves from CS-P violence and abuse. The data also highlight Thornberry and Krohn's (2005) concept of a "causal loop" (p. 198) that emphasizes the interactional nature of anti-social and criminal behaviours resulting from "cumulating and cascading consequences" (p. 198), extending this concept into adulthood, and specifically into prison experiences. The interactional nature of the trajectory and the cumulating and cascading consequences, or causal loop, resulting from the escalation of characteristics of hyper-mask-ulinity on both "sides of the fence" result in a hyper-mask-ulinity stand-off. Three aspects of participants' prison behaviours demonstrate the CS-P interactional causal loop and extend pre-prison behavioural CPT adaptations of *Relieve Emotional Overload, Resist Abuse,* and *Revenge,* each presenting an obstacle to CPT healing.

Relieve Emotional Overload

Participants' pre-prison narratives indicated a variety of behavioural strategies used to reduce emotional overload. These strategies included the use of violence, seeking revenge, engaging in adrenaline-driven activities, and using alcohol, drugs or hyperventilation/pass out games (see Chapter 4). In Chapter 5, data revealed that *some* relief of emotional overload (anger) was achievable through I-P violence, but also indicated that I-P interactions simultaneously compounded emotional overload by requiring suppression of soft emotions, particularly any expression of fear. Here CS-P interactions compounded emotional overload through experiencing or witnessing physical violence, and through psychological manipulation and abuse, while disallowing hard emotions, especially aggravation, frustration and anger. Specifically, participants

indicated that expressions of frustration or anger, and questioning of, disagreement with, or verbal confrontation with staff resulted in negative consequences. In essence, participants expressed the need for suppression of *all* emotions in prison; some participants revealed that they stuffed emotions, which increased internal frustration and anger and necessitated increased effort to suppress those emotions, while others indicated their experiences of emotional flat-line. This experience is consistent with Fallot and Bebout (2012), who emphasize the need to maintain "interpersonal self-sufficiency and emotional control" (p. 170), particularly because demonstration of fear or loss of (emotional) control is "tantamount" (p. 168) to weakness and presents a threat to men's core identity (see Chapter 4). These experiences are also consistent with trauma literature that indicates that both of these strategies result in an increase of traumatic impact. Regarding the former strategy, Bloom (1997) and Nathanson (1992) explain that excessive anger can cloud thought capacity, and can trigger shame of helplessness, weakness and inadequacy. Referring to this as "cognitive shock" (p. 308), these scholars explain that excessive emotions at an extreme level, can kill. The experiences of my participants are also consistent with trauma literature which refers to emotional flat-line as numbing, emotional numbing, or dissociation (D'Andrea et al., 2012), through which the traumatized individual's state of consciousness is altered to protect against becoming overwhelmed by unbearable, and potentially life-threatening, pain (Misiak, 2017; van der Kolk, 2007b). In the emotionally numb state, individuals are aware of what is going on around but "feel no disturbing emotions about it" (Bloom, 1997, p. 33). While this protects them from psychological pain, it also maintains a fragmented self, preventing the integration of altered and ordinary states of consciousness necessary for healing psychological trauma (Bloom, 1997; Fonagy et al., 2003; Herman, 1992).

CS-P interactions requiring emotional constriction were frustrating, anger-inducing and traumatic, and are particularly counter-productive to trauma healing of men (van der Kolk et al., 2007). The data indicate that any expression of frustration, and any questioning of CSC staff was met with *consequences*. The requirement of emotional constriction is contrary to core assumptions of trauma-informed, gender-responsive (TI-GR) approaches. Scholars emphasize that consequent to cultural gender role messages experienced by men, male trauma recovery requires particular attention to expansion of men's emotional vocabulary and emotional expression by service providers (Elkins et al., 2017; Fallot & Bebout, 2012; Miller & Najavits, 2012). Service providers achieve this by

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recognizing anger, "hair-trigger aggression," and hyper-vigilance as typical and legitimate male adaptations and coping strategies (Fallot & Bebout, 2012, p. 169), and remaining flexible and adaptable to provide men with opportunities to "try another way" (p. 171). Fallot and Bebout (2012) assert that discussions with trauma survivors must include the flexibility to "follow the consumer's lead" (p. 169) and allow for gradual adaptation to emotional engagement.

Revenge and Resisting Abuse

Extensive literature points to autonomy, or the ability to control one's environment and experiences, and make decisions, as a critical aspect of trauma (Herman, 1992; Sapolsky, 2004; Solanto, 2013; van der Kolk & McFarlane, 2007) as well as trauma recovery (Elkins, Crawford & Briggs, 2017; Fallot & Bebout, 2012; Sorsoli, Kia-Keating & Grossman, 2008). My data reveal a lack of meaningful decision-making opportunities and underscore the absence of autonomy in the prison experiences of participants. The corroboration of findings of prison experience as the infantilization (Haney, 2006; McDermott & King, 1998) of prisoners demonstrates the extreme lack of autonomy and control experienced. "Lighter but tighter" (Crewe, 2011, p. 464) management strategies that exert control over behaviour as well as cognition inhibit attempts to maintain autonomy, and my participants recognized this absence of autonomy not only as an obstacle to healing, but as compounding traumatic experiences (i.e. Joey: "Just the oppression of the spirit is traumatic, the loss of autonomy").

Participants employed a variety of strategies to create and maintain autonomy and control in prison, including limiting their own program participation, refusing to reveal their true selves to staff, and disconnecting from their families. These strategies also involved various acts of violence and were revealed as tactics of retaliation and revenge - which require participants to maintain hyper-vigilance, or "survival mode" (Fallot & Bebout, 2012, p 170). While these strategies provided participants with a sense of autonomy and control, they also created obstacles to potential trauma healing because they obstructed healthy relationships and connection, as well as opportunities to reduce anger and anxiety (Fallot & Bebout, 2012). My findings support the work of Fallot and Bebout (2012), Sorsoli et al. (2008) and Knight (2015), who point to the importance of empowerment and relationship to men's trauma recovery. These authors highlight choice and control as factors necessary to reduce men's need to live in "survival mode"

(Fallot & Bebout, 2012, p. 170). Accordingly, they assert that providing formal and informal opportunities are necessary for men to experiment with alternative behaviours and to experience relaxation skills that reduce anger and anxiety, expand self-regulation skills and contribute to their trauma recovery.

"Strategic and superficial" relationships (Crewe, 2011, p. 4), developed for the purpose of survival are exceptionally detrimental to trauma healing for men. Cultural expectations of men to demonstrate domination, power and control result in traumatized men having a "unique knowledge of [the] interpersonal dangers" (Fallot & Bebout, 2012, p. 170; also see Elkins et al., 2017) of power. These men learn to navigate collaborative relationships only through the sharing of meaningful power, which occurs through the experience of "relational mutuality" (Fallot & Bebout, 2012, p. 170). Scholars assert that healthy, positive experiences of relationship are critically important for men recovering from trauma (Elkins et al., 2017; Fallot & Bebout, 2012; Finkelstein et al., 2004; Knight, 2015). Miller & Najavits (2012) argue that as opposed to women's trauma recovery approaches which prioritize empowerment, emotional regulation and safety, men's recovery requires a primary focus on relationships, feelings and empathy development. Fallot and Bebout (2012) stress that the "straightforward… [and] first lesson in a trauma-informed, gender-responsive, *culture* of care for men" (p. 166; emphasis added) is the necessity of establishing a "working, collaborative relationship" prior to questioning men about pre-prison exposure to abuse or trauma (p. 166-167). My data revealed that collaborative relationships were not formed in prison, corroborating this lesson in two ways.

Participants experienced the individual attitudes of correctional staff as dominating and controlling, and contradictory to the very premise of relational mutuality. In addition, participants experienced a correctional *culture* in which relational mutuality was non-existent and not acceptable (i.e. parking lot adjustments), and they therefore identified *all* correctional staff as threatening. Consequently, participants maintained a distrust where *all* staff were concerned. Accordingly, my data emphasize the critical nature of relational mutuality and trauma-informed approaches as "everyone's job" (Fallot & Bebout, 2012, p. 173). Fallot and Bebout point out that all staff, "not just trauma clinicians, but case managers, addiction counsellors and housing and employment specialists" (p. 173) must be involved in the creation of an environment conducive to men's trauma healing. Participants revealed that because of their experience of prison

as contrary to this approach, they avoided personal disclosure to such an extent that they consciously sabotaged their own healing:

> I didn't even talk about it [CPT] until about 5 years ago [after my release]. Um, if I'd have mentioned that in prison then I'd probably have to deal with it before they let me out. (Tom)

The obstruction of relational mutuality through "lighter but tighter" (Crewe, 2011, p. 509) prisoner management strategies, infantilization and objectification strategies of correctional staff, together with physical and psychological victimization of prisoners, prevented the possibility of trauma healing.

My data reveal the extreme unpredictability, inconsistency, uncertainty and arbitrary decisions experienced through CS-P interactions. The men's resultant engagement in various strategies were attempts to minimize confusion and frustration presented by these experiences, and to increase predictability in their own lives. This engagement in anti-social behaviours, or what Elkins et al. (2017) refer to as "tension reduction behaviours" (p. 118) and strategies counter-productive to healing are corroborative of Miller & Najavits' (2012) emphasis on the importance of structure and relational mutuality in correctional settings to the facilitation of trauma healing. These authors state:

> Good correctional practice requires environments that are highly structured and safe, with predictable and consistent limits, incentives and boundaries, as well as swift and certain consequences such that inmates are treated fairly and equally (Council of State Governments, 2010). These same practices can provide the type of stability trauma survivors need to learn new information and skills that promote trauma recovery.

These mal-adaptive behavioural strategies also corroborate assertions of Elkins et al. (2017), that avoidant coping strategies are associated with "worse outcomes" (p. 118) but are self-protective responses typical of male complex trauma survivors.

6.8.3. The Hyper-mask-ulinity Stand-Off

The findings in this chapter show that CS-P interactions *required* a continuation - and magnification - of the coping strategies learned (i.e. the adaptation to childhood psychological abuse) prior to entering prison, and that these coping strategies evolved as they experienced I-P interactions in prison. Life course theory identifies continuity of

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conceptually similar, yet apparently changing, behavioural manifestations as occurring throughout the life course (Farrington, 2003, Moffitt, 1993) and as the "hallmark" (Moffitt, 1993, p. 679) of life-course persistent offenders. These assertions were supported by the experiences of my participants.

In Chapter 4, participants' adaptation to CPT resulted in behavioural manifestations presented as "mask-ulinity." In prison, survival of I-P interactions required the exaggeration of those behavioural manifestations, discussed in Chapter 5, as hyper-mask-ulinity, and indicated on Side A of Figure 5.1. In Chapter 6 the causal loop, experienced prior to prison, continued through CS-P interactions. Participants continued the adaptation process to survive and potential for healing from CPT was negated. Infantilization and domination of prisoners by correctional staff magnified powerlessness experienced in childhood, and prisoners avoided physical and psychological annihilation through behavioural strategies that minimized psychological pain. As indicated on Side A of Figure 5.1, prisoners' strategies included maintaining strategic relationships, intensifying anti-social behaviours, engaging in resistance strategies and violence to maintain autonomy and, finally, emotional numbing. Concurrently, correctional staff dominated, controlled, and violated participants, role modeling anti-social behaviours, manipulating participants and maintaining strategic relationships. Over time, to survive the prison environment and correctional culture, correctional staff experienced emotional suppression. More clearly stated, participants experienced physical and psychological violence in childhood, and were then required to master an I-P culture of hyper-violence while learning to navigate a terrain of psychological war-fare reflected in CS-P interactions. Indicated as the Hyper-mask-ulinity Stand-off in Figure 5.1, this stand-off creates and maintains an environment where psychological and behavioural strategies on "both sides of the fence" prove counter-productive to possible experiences of recovery from CPT.

My findings underscore Haney's (2011) assertions that emphasize prison as constituting, not only a re-traumatization of pre-prison trauma, but "a concentrated dose of the kind of damaging experiences [prisoners] have already undergone" (p. 133).

6.9. Conclusion

In this chapter, I explored the participants' experiences of CS-P interactions, to understand how they experienced factors of healing (i.e. safety, autonomy, relationship) in prison. The participants expressed an overwhelming, pervasive lack of the basic factor of safety required for healing CPT. They indicated a lack of autonomy and maintained CS-P relationships strategically for the purpose of survival, even sabotaging their own potential healing. CS-P interactions compounded the traumatic aspects of I-P relationships, adding further brutality to participant prison experiences while introducing the additional component of psychological manipulation, control and domination.

Participants indicated that their physical and psychological survival required I-P directed demonstrations of domination and violence, hypervigilance and emotional suppression (fear), while concurrently requiring demonstrations of submission and emotional suppression (anger) toward correctional staff. CS-P relationships were maintained strategically, and participants experienced inconsistent rules, physical and psychological abuse, psychological manipulation, and arbitrary punishment. In addition to re-traumatization of CPT through I-P interactions, participants experienced CS-P interactions as re-traumatization of CPT.

Chapter 7.

"Glimpses of Humanity:" An Avenue for Healing?

Themes that emerged from participants' positive or healing experiences reflect elements of community member-prisoner (CM-P) interactions and inter-prisoner (I-P) interactions. Participants shared positive experiences and influences that enhanced their physical or psychological wellbeing, or that minimized harm to themselves or others. I present these interactions as they were experienced during prison and community reintegration,[65] as shared by the men.

7.1. "The joint had no fucking part in it"

Participants shared experiences that positively impacted them, explaining that these experiences made them feel 'different,' although participants rarely described these experiences as *healing*. Sharing positive factors was disbursed throughout conversations as expressions of resistance to CSC authority, or as strategies to help themselves, or others, *survive*. Consequently, these sharings constituted an elaboration of harmful elements of prison previously discussed (e.g., because CSC 'took away' visitor privileges), or included explanations of how CSC was not, but *could* be, helpful followed by explanations of what non-CSC initiatives provided for them. For all but one of the men (94%), enhancement of their well-being arose from initiatives run by individuals or organizations *other* than CSC. That is, participants overwhelmingly rejected CSC as *un*helpful, reminding me of warehousing practices, the need to maintain distance between prisoners and correctional staff, and prison violence. Regarding contributions to their healing the men asserted, "The only healing that gets done is what I take care of" (Robert), "Prison didn't do nothing" (Stanley), "The joint had no fucking part in it," and "It's pretty difficult to get one-on-one counselling in there. You have to be suicidal or bipolar or something like that." (Joey). Mike reflected:

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[65] I use the term community reintegration to include the gradual process of reintegration employed by CSC. This process includes escorted temporary absences (ETAs) unescorted temporary absences (UTAs), day parole, and full parole (See Griffiths & Murdoch, 2018 for a discussion of these processes).

I think that when people ask for help inside ... it's not available to them, like even life-threatening stuff. I think sometimes it's hard for somebody to go and ask for help because they don't think that by going and asking for it, they're going to get it.

Martin's interview excerpt summarizes participants' perspectives:

Martin: There's not many things that can help you in jail.

Colleen: What *does* help you in jail?

Martin: The end of your sentence.

Three themes emerged regarding positive experiences and healing, including *Prisoner Developed Initiatives*, *The Love of Community, and "Kwi is not a jail."*

7.2. Prisoner Developed Initiatives

Participants indicated that they created or participated in initiatives to provide themselves and other prisoners with physical support, psychological support, or psychological growth. Initiatives and growth occurred in various ways.

7.2.1. "We looked after each other"

Many men (65%) indicated that taking care of others was important to them and was achieved in several ways. A third of the men served as members of the Inmate Committee,[66] which hears concerns from the general prison population and acts as a liaison between prisoners and the institution including representing prisoners at institutional meetings.

Participants told me about a "core group" (Martin) of prisoners called "the lifer's group" (Joey), which included men serving life sentences and sentences of "more than 10 years" (Stanley). This group created "prosocial, productive things to do" (Joey), and provided each other with support to deal with "the emotional and psychological trauma of incarceration" (Joey). Ed pronounced, "We looked after each other." This group provided

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[66] According to the CSC (2008), all federal correctional institutions, including Regional Treatment Centers, have an Inmate Committee. Members of this committee meet regularly with an institutional representative, to "assist in the rehabilitation and reintegration of inmates into communities," and to provide a means of inmate input regarding institutional programs, activities and maintenance and expenditures related to the Inmate Welfare Fund. (See CSC Website at: http://www.csc-scc.gc.ca/policy-and-legislation/083-cd-eng.shtml)

formal and informal support through committees and activities. For example, several men said that prisoner-run initiatives included, "the brotherhood office, lifers' office, [and the] peer counselling office" (Joey). Joey described these offices as, "a little hub of activity - you could go there and you could be real. You could be authentic about what you were thinking and feeling." Joey elaborated:

> The Native group helped guys deal with cultural needs, [and] the lifers' group helped guys deal with particular challenges that they faced when you're sitting there for so long watching guys come and go, come and go, come and go… it was the energy, the attitude and the environment down there that was healthy, I thought. Guys could just come and hang out and talk about what was going on for them and process stuff.

Peer counsellor training was achieved through 'Health Care' and constituted a formal prisoner initiative: "We put our names up all over the joint and people could come to us and talk" (Martin). Peer support as an informal aspect of prison life was also important:

> There's not a lot available [through CSC] so we tend to talk to each other about things mostly… So, there's a lot of peer support here … We all took training and were able to help others adjust… I mean we were pretty, became pretty adept… and helping each other out was just natural for the course. I think a lot of the work that we did in there, we didn't even think of it in that way. We were, you know, just having morning coffee and, you know, shooting the breeze and talking about whatever's been bugging us. So as stuff comes up we're talking about it, sharing it, empathizing with each other, and that was our process which, I think, helped a lot of us … And we could get rid of our negative stuff and feel better. And we didn't think of it as therapy or anything, but it pretty closely resembles it. (Joey)

I-P psychological support was appreciated by long-term prisons, especially lifers, whose lengthy sentences and consequent watching of short-term prisoners "come and go" (Joey) resulted in withdrawal and isolation. As a result, the lifers' group arranged various activities, including "social activities, community visits, and fund-raising activities" (Stanley) to provide social support. A particularly significant initiative for this group of men was the development of the *Lifers' Kitchen*. Joey explained:

> We wanted to set up the Lifers' Kitchen because, um, you know, there's guys sitting there on one range that had been in the same cell for 16 years, but the average turnover there for most of the population is about 28 months. So, you see a lot of people come and go and a lot of guys end up withdrawing and isolating and not having a lot of friends or contact. So, we thought we'll get this kitchen and it will be a social venue

for the guys where they can order food, prepare meals, share meals …
We wanted to create a cultural environment where these guys doing
long sentences can feel humane and have some dignity and sit down
and enjoy the company of other people that are in a similar situation.

In addition to providing psychological support for long-term prisoners, these men
acquired a sense of pride guiding and modelling for younger prisoners. Martin explained:

A lot of us took it upon ourselves to … help other people - to try and
help other people. We know they want to be helped, they don't know
how to help themselves, and what they do is uncomfortable, so they
stop doing it. We have to explain to them why it's uncomfortable and
that it's going to get better. … It's hard to tell people that and get it
across to them, because each one's individual, right? The kids used to
watch. And like kids, younger people, like, they're just sponges. Yup.
And if you can't get through to them? They'll just sit there and watch
you.

For half of the men (53%), providing psychological support was especially
valuable because they felt that even if they were to 'open up' to correctional staff, they
"couldn't handle" (Andrew) the prisoners' pain. For example, Martin said sharing their
own pain with correctional staff "complicates it for them… you can see it in their face,
and their eyes, and their gestures, and their demeanor, that you're creating problems for
them." More specifically, because participants felt that correctional staff could not
psychologically 'handle' hearing painful or traumatic experiences of prisoners,
participants emphasized the importance of listening to one another's stories.

Taking care of each other also meant physically supporting men who were
injured or who self-injured. Participants shared stories of "sewing up" injured men,
stitching wounds and providing pain relief. These men explained that taking care of each
other allowed prisoners to avoid relying on "the man":

I got my peer counselling and HIV counselling credentials through the
health care and, like I say, the core group of us, the 70 guys, we all deal
with that. Cause guys have problems, they don't want to go to 'the man,'
right? They want to go to someone who's going to give them the *truth*.
And if they need pain medication, well, we got our own. Right? Never
get 'em wired, but we'll make sure he's okay while the bones are
knitting, the scars are healing, right? (Martin)

Informal I-P care included protecting weaker prisoners. Stanley stated, "We
police ourselves," and Martin declared, "You have to defend the weak and the sick and

the old and the young. That's what you *have* to do." Peter's dealing with prisoners who stole canteen from "weaker" men illustrates the need to protect weaker prisoners:

> I never liked preying on weak people. What I liked to do is the guys that are preying on those guys, I'd go and mess with *them*, saying, "So you think you're a tough guy now?" I'd say, "Give the shit back or you're getting it." Because I knew that I could take it either way … "Why would you come on to weak people? Why would you go and take the guy's canteen that can't stand up for himself? I'm taking *your* canteen now because you think *you* can. How do you feel about that?" …and then they start mumbling like a fool. And I said, "Now you know that I'm not digging that shit."

Stanley explained that:

> Prison is not like it is on T.V., okay? It's not people running around raping each other. We would never stand for that kind of stuff. We're not animals. We have *values*. And if we see somebody abusing other guys or young guys, we take care of that. You know, you muscle them.

For most participants, looking after each other meant respecting each other's privacy, space, and belongings:

> So much is taken away in there, we try to respect what little each has remaining, right? So, you know, you don't steal from another person in there, you don't interfere with their space or their time because we all have such little room for autonomy that we don't want to impose on each other's [space] in any way. (Joey)

While Joey referred to respect for others' privacy and belongings as a rule that is "really unspoken - it's not something that you teach people," others suggested that this respect *was* taught by example. While Ed stated that prisoners just "knew" this rule, his explanation suggested a level of indoctrination regarding the consequences of stealing from other prisoners:

> If somebody stole something from somebody, that was a death sentence. You went into somebody's cell - you were a cell thief, you were lucky you got out of there alive. Guys would beat you down and if you, you'd be lucky to get out of there alive… You know, it was certain, just things you *just didn't do.* Right? And everybody *knew that.* And if a person got caught going into somebody's cell and uh, stealing, they were a jailhouse thief! And you'd be lucky if you ended up in PC, if you got that far. Because if you got caught, guys would deal with it right there on the spot. You'd be lucky if you got out alive.

In addition to caring for one another, participants indicated that relationships developed in prison were helpful for connection, learning, and psychological growth.

7.2.2. "The camaraderie and the solidarity"

While participants indicated that relationships were strategically maintained for survival in prison (see Chapters 5 & 6), they also indicated that relationships developed in prison were some of the strongest relationships they had ever experienced. Andrew for example, explained that "the camaraderie and the solidarity" experienced with his "crew," was particularly important, saying, "The crew that you choose to spend your time with is the crew you are going to do years with … [and they] are my family." Martin, who spent over 25 years in prison for multiple bank robberies, expressed the irony of considering triple murderers to be people he considers family:

> Some of my cellmates are as close as I've ever been to anybody. They're my family and my peers. And when you're saying that about triple murderers and stuff it's kind of, a little off the wall, but they're real people too, underneath it all, right?

For others, as explained by Joey, strong and intimate bonds provided lasting relationships based on positive values:

> The relationships we have in there, because we're going through difficult and dangerous times, you tend to build really strong bonds. And intimate strong bonds, right? It's like going to war, with a buddy or, you know, uh, something like that where you face, you know, near death experiences and you find that as you come through it you have more respect and trust for each other, right? Because you've helped each other make it through difficult times. Like I still have a strong attachment to several of the men that I worked with in there in those roles that were in there with me. Um, I don't hear from them anymore really, [but] I wonder about them sometimes. I kind of have an idea whereabouts they're at. We're just, our paths aren't congruent anymore, right? And, but I definitely care about them a lot.

In addition, I-P relationships were important to participants' learning and growth. To illustrate, Mike shared his need to understand why he had committed murder, saying:

> I wanted to know how it happened … I wanted to get to the bottom of *everything* so that I could get to the bottom of why I ended up killing somebody … I was trying to question where everything that I learned came from.

Mike told me that 'figuring this out' while participating in a CSC program had a profound effect on him: "When we finally figured everything out we were in a state of - like, call it an abyss…we didn't know what to believe anymore. It just turned everything right upside down." Mike shared the importance of his friend 'going through this learning' at the same

time, "Oh it meant the world to me. And it had to be somebody that I trusted, and I trusted this guy. Because I'd known this guy for quite a few years." Although Mike's learning took place during the program, the relationship with his fellow-prisoner and their ability to "bounce things off each other," rather than the CSC program itself, resulted in his growth:

> He wanted to understand himself and I wanted to understand myself. So we both fed off each other, questioned off each other, trying to figure out how we came to be where we were … He wanted answers too about his situation and we bounced things off each other. He really helped me. It was during the program, but it wasn't the program that made me change. It was me and him doing - we were using some of the program stuff to get to some of our answers, but it wasn't the program that did it. … Not everybody um, dives into their life as much as we did.

In essence, participants indicated that physical and psychological I-P support and relationships were helpful for prison survival and contributed to their healing.

7.2.3. Programs and Activities

Eight men (47%) referred to prisoner-developed programs and activities as positive experiences. These men reported that creating pro-social and productive activities for other men was important because a combination of warehousing and limited program availability resulted in extensive time to just "sit there" (Joey):

> In all that time in there, I did all the correctional programs and in total they add up to 16 months. So, when I've got 15 years to sit there before I can even ask for anything, what do you do with all that time? You know, we had to create safe things to do [and] we chose prosocial, productive things to do rather than getting into the drug trade or gambling or that sort of thing. (Joey)

Participants created a wide variety of programs, and although the men told me that many of these programs have been taken over by CSC and some have ceased to exist, initiating and running the programs provided participants with independence from CSC, as well as a sense of purpose and competence. Mike and Martin explained:

> *We* started AA and NA[67] in '89 or something like that. Like we had a NA/AA group. It was uh, it was a mixture, not just NA or AA. It was both. We started that in [prison] in, I can't remember, about '89 or

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[67] Participants are indicating that they initiated AA and NA in prison, recognizing that these programs were established in the community well before they were brought into the prison.

something and it went until '97 or '98. But we had quite the following from the street and people used to come in for the socials and stuff. And that was one of the things that really helped me in my transition. (Mike)

We started programs. Right? We started with Breaking Barriers, and AA and NA ourselves. The joint had no fucking part in it. Pardon my language. We wanted no part of them. It was black and white then - they wanted no part of us, we wanted no part of them. (Martin)

Involvement in the development of programs provided a sense of pride and competence. For example, several men shared their experience developing and participating in a theatre program. Martin's enthusiasm was particularly notable, detailing his experience using such phrases as: "It was crazy!" … "What a rush!" … "What a blast!!" ... "Those were the days!" Ed pointed out the sense of purpose and competence experienced by the men:

The theatre group, you know…we started that *long* before William Head.[68] And you know what? I mean, it was so well respected. And the community respected it! And all the money that we raised went to charity. You know? Guys got nothing except a good time doing it. Enjoyment. And a sense of purpose. It gave the guys something to do.

One participant revealed that independently obtaining an education was the greatest contributor to healing for him. Dan told me that it was through his study of psychology that he learned about his own childhood, and that this coursework was completed through correspondence in prison:

In my BA I took six courses in psychology. And the last course was Developmental Psychology - how you develop. When I read that I got all the answers. It's because of my father.

In addition to prisoner-run initiatives, participants revealed that the greater community contributed extensively to their healing.

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[68] According to WHOS (n.d.) William Head on Stage (W.H.o.S) is the only inmate-run theatre company in Canada and is currently located in William Head Institution, in British Columbia. Although WHOS (n.d.) indicates that this production company began in William Head Institution in 1981, according to one participant, this group was established in another federal institution before it was developed in William Head Institution.

7.3. The Love of Community

The majority of men (88%) pointed to community as a positive factor during imprisonment and reintegration. Community support manifested in many ways. Men discussed community volunteers who participated alongside prisoners in programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Alternatives to Violence Project (AVP) [69] and FAVOR Group.[70] Others discussed community volunteers who provided specific support, such as the M2/W2 Prison Mentorship Program[71] and Catholic Charity Volunteer Program. Men spoke of community members taking part in social events and sports activities (e.g., youth soccer mentorship, ball and soccer tournaments, boxing competitions), participating in or observing prisoner-run theatre performances, providing educational opportunities (e.g., university and miscellaneous programs) or victim-offender mediation, and touring/learning about the prison/prisoners (i.e. students, business people, crime victims). Community members escorted the men on ETAs to participate in speaking engagements, visit families' and volunteers' homes, and attend church, RJ and mentorship programs, and they offered employment and volunteer opportunities. Men spoke about experiences with community members during these excursions. Overall, the men shared about the impact of community in prisons, during their staged reintegration processes, and as they began living in the community.

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[69] AVP is an international, volunteer organization developed in 1975. AVP encourages personal growth, empowering individuals to recognize various types of violence and to lead non-violent lives. Facilitators include inside (prison) and outside (community) volunteers who work together to provide "affirmation, respect for all, community building, co-operation, and conflict resolution." (See http://www.freewebs.com/avpcanada/avphistory.htm). Although AVP is not an RJ practice per se, the values and approaches of AVP are consistent with RJ (See Toews & Harris, 2010). All participants in this study who referred to AVP used AVP and RJ interchangeably, indicating that they perceive AVP as an RJ initiative.

[70] FAVOR group is a weekly restorative justice circle held in Mission Minimum Institution (formerly Ferndale Institution) that promotes socialization processes and abilities, develops empathy and deep human values, and invites participants to experience relational and emotional growth and maturity. FAVOR group is attended by community members who are screened for suitability, and by prisoners who wish to attend.

[71] The Prison Mentorship Program is run by M2/W2 Association, an initiative of the Mennonite Central Committee (MCC). Community volunteers establish supportive relationships with incarcerated men in provincial and federal institutions. M2/W2 Association (n.d.) states that this mentorship program "is based on a trusting relationship where an inmate is allowed space to share and process his/her past, present and future … [and volunteers] endeavor to come alongside in a positive caring manner to bolster a positive and productive healthy lifestyle" (See http://m2w2.com/serve/).

When discussing community initiatives, all but one of the men (94%) talked about relationships; participants told me about program initiatives and experiences through which relationships were built, aspects of relationships that they experienced and what relationships meant to them. They elaborated on behavioural characteristics of people, relationships that they experienced, and the connection that they felt rather than on program content. Community held considerable importance for the men, and volunteers were exceptionally appreciated, as illustrated by Stanley's declarations, "You know, the only thing that I see as interacting in a positive way in prison is the volunteers," and "positive relationships basically [occurred] through the volunteer network that is in prison." When asked about any aspect of prison that was helpful in providing healing from the impact of CPT, Stanley replied, "AVP. End of story. Seriously."

7.3.1. "Impact People"

When participants referred to initiatives involving community or community members, they talked about *feelings,* especially soft emotions (e.g., compassion, care), and the most commonly noted terms were *connection, relationship, learning and growth.* Mike said a community member "helped me get in touch with my softer side" and most participants discussed specific community members or programs in terms of the effect that they had on them. For example, Joey said, "My turning point was the AVP… Once I went to the AVP, I kind of, that's when my whole worldview just dumped on its head." John described community members as "impact people:"

> There's been, what I call "impact people," that have come into my life that have had huge positives on me … I use "impact people" because it's like an epic jolt. It's like an impact and that's why I've labelled them "impact people," not important people. "Impact people," which is more than important people – they're impact because they've done something in your life to help turn it. You've given somebody a little bit of hope, that it's not doom and gloom for the rest of your life. 'Here, I can help you turn it. And I can get you help that will help you keep going.' That's how I got to this point, with those "impact people."

All of the men told me about an impact person or people, and virtually all of those people were community members. What emerged as fundamentally important for men regarding community was the way they were treated, the way they felt as a result, and that this treatment and the resulting feelings became behavioural motivators.

7.3.2. "When people believe in you"

The majority of men (82%) expressed that through community involvement they felt like they "mattered" (Stanley). Speaking of being treated as "human," or as "people," participants' statements in this regard were so strikingly similar that they were almost identical. For example, John said that a community member "had a huge impact because of the way he treated me. He didn't treat me like an inmate. He treated me like a *person,*" and Andrew discussed a community member who, "treats you like a *person.* She doesn't treat you like an inmate." For Paul, time spent with community members provided "small windows of, like, healing, or small glimpses of humanity," and Joey, who participated in numerous community programs and initiatives, said that community volunteers came to see them as people over time:

> Almost every volunteer group that I've talked with and worked with, you know, as they get to know the prisoners they realize 'Hey these are *people*!' And that's what the men in there need. They need to know that people do care.

Like Joey, many of the men expressed that feeling like someone "cared" meant that they mattered. For example, John explained that this research was significant for him:

> I was surprised that someone cared [John is tearing up]. No one ever asks us what we think, what we need - about *us*. But you did. There's something in you that made you do this … Something made you care about this and it is hope for us … it surprised me that someone cared.

Being treated like a person meant equality. Andrew explained that conversations with community members involved "being able to talk on the same level, talking to them without talking someone down or talking someone up, being able to converse on an even level," and Peter said community members, "were coming in and showing *me* respect!" Equality in conversation with community members provided opportunities for learning and growth:

> And that's the whole thing about interacting with people, is that those things can be something that we could share… like "How come you said this, [and] can you share that with me?" And then you get permission to do that. Because that's kind of what we do with each other when we say that. You ask something and it gives me permission to share that, and then how it's affected you might have some [meaning] - "Ok well how come you said this? Or how about that?" and it becomes a give and

take thing. And that's what makes people grow emotionally and mentally. (Peter)

Sharing his experience with AVP, Stanley emphasized feeling like an equal, both in choosing to participate, and in being able to contribute equally as a facilitator:

> One of the strengths of AVP is that it wasn't mandatory for us in the prison to take it. It doesn't matter in your file. AVP was a choice. It was run by inside and outside volunteers, and … we had the chance to become facilitators and to become equal to the people that were coming in. We felt equal, and we felt as a part of a team when we facilitated workshops.

Many participants revealed that feeling like they mattered occurred through expressions of encouragement and belief in them, which provided motivation for self-improvement. Dan said:

> He is a great, great man. Because he encouraged me, he appreciated my hard work and I did *more* hard work. If somebody has a good quality, it should be appreciated and then the person gets more better [sic].

John said that encouragement from the community "gave me the drive to keep moving forward, keep going," and Joey shared a particular experience that "really motivated me." Explaining that a group of touring business leaders were scheduled to 'meet' the inmates, following which correctional staff were to "do a tour and show [them] how things run," Joey said that after meeting the prisoners, the business leaders "didn't want to go [on the tour]. They just wanted to talk to the guys." He shared what their encouragement meant to the men:

> We ended up talking with them and staying with them throughout lunch and ended up talking with them all afternoon. They didn't want to see the rest of the institution. They just asked us all of their questions. And at the end of the day, they told me and my buddy there, they're like, "You know what? You guys don't ever sell yourself short. The things you're doing in here, the skills you're developing, are highly marketable out there, and any business manager or leader with any sense would hire you. So keep doing what you're doing and don't give up hope because you'll be back out with us one day and you can use these skills to your benefit." … So that was really inspiring, you know, that the work we were doing was not only meaningful for people while we were [in prison] but helping us develop marketability for the future.

The men explained that belief in them was critically important. For example, Tom, who participated in victim-offender mediation, shared his experience of meeting with his

victim's family, saying that their ultimate belief in him after an "all-day meeting" held particular power:

> It ended up [to be] *these* people who are telling *me* that you gotta get on with your life, you've got to forgive yourself. So it was pretty powerful! Right? … And then the next parole hearing she came and, you know, hugs and all this kind of stuff. It was quite a thing! … And it surprised the heck out of me because the reason I did it was because I wanted her to be able to whip the dead horse. You know? Get her pound of flesh back for killing her dad. And it turned out to be not that at all!

"We belong somewhere"

Ten of the men (60%) expressed conversations with community members as important in making them feel like they were trusted and they could 'belong,' or 'fit in:'

> As much as we need food and water, we need to have relationships. And we need to feel that we're accepted, and we belong somewhere, that we're contributing in some meaningful way. (Joey)

Feeling trusted and fitting in also occurred because community members shared personal aspects of their own lives with the men. Paul, speaking about a professor who attended RJ groups in prison, explained:

> That was what was really cool about [her] and the other volunteers. There wasn't any agendas. Like, [she] wasn't coming in because she wanted to study prisoners. She was coming in to be present with us … She was sharing things honestly and earnestly. And we, as recipients, were hearing that stuff for no other reason than for hearing her. We weren't offering advice, we weren't - there wasn't an agenda. It was just like, "thanks for sharing."

Participants particularly appreciated community members sharing their personal lives with prisoners, which made them feel trusted. These experiences were deeply impactful. To illustrate, Robert shared a community encounter with an ex-correctional officer who "came up and shook my hand … [and] he told me to phone him and we'll hook up. I got his *home* phone number and I can call him anytime." John spoke of a man who ran a prison program saying, "What I was really impressed with was he talked about his family with me, which was quite personal. I thought 'Wow!' You don't do that with just anybody." For Peter, feeling trusted helped his reintegration. Following his release from prison, a church member introduced Peter to his daughter, which was a "significant thing," influencing Peter's decision to become more involved in that church community and motivating reflections on his own behaviour:

He introduced me to his child that was 11 years old, his daughter … And when he shared that with me I could see light in his eyes, how much pride he had in that. So this was a significant thing! And I think he caught that from me because now he says, "Oh, I'd like to get your number" and stuff. … I don't know, just a wave came over me and it warmed me up, cause I didn't know which way I was going to go with all this stuff [church]. I kind of just, like, I'm following people. And when that happened it just made me say, "Ok, this is where I need to be." … He's introducing me to his 11-year old daughter. And I'm going, well how did he know that he could do that with me? How was I - what did I show that made it ok to do that?

While he was in prison, Stuart built a relationship with community members who accepted him like a son, which provided him with a sense of belonging:

They treated me like I'm their kid. So yeah, they're pretty good to me. Yet they got their own life and they know where I come from. You know? My life has been different than theirs so you can't just say "Ah, come on in!" You know? But they invited me up to their cabin! I've had family and friends that didn't do that for me.

Less personal interactions also provided the men with a sense of 'fitting in.' Martin, for example, said that when prisoners participated in the satellite university program, "We had a place to go … you walked in and you felt *normal*." Mike shared 'fitting in' as one of the main challenges of reintegration, and told me about a community member who provided hope and belonging through a brief encounter:

I knew that I was going to have trouble with the same things that I had trouble with before. Like that was fitting in. Feeling like I was 'a part of,' the *outside* … like I used to think that people could tell as soon as they look at you, that you were from jail. … One day I'm with my sponsor at [a restaurant] having breakfast, and an old guy comes over and he's with a family of, maybe, 10 people, and they're all having breakfast. And he comes over and he passes me a camera and he says, uh, "Son, would you mind taking a picture of our family?" Right? *Me*! And I said, "Sure, no problem" right? And I go over there and I take the pictures, actually I took a few of them for them.

Through community initiatives, the men revealed that community members became humanized to them. For example, Stanley expressed the importance of building a "relationship with people from the outside, because the problem is that, um, you feel that you're two completely different worlds." Peter's revelation reflected the perspectives of the men who told me that they slowly came to see community members as people, saying that "developing relationships with different people … it gave me some kind of, where it dropped the borders. That fence that's 'them and us'? It dropped down."

"A safe place for us to grow"

Sharing their lives with community members gave participants hope, and they experienced learning and growth as a result. Community members "went into prisons, they observed, and listened, and heard our stories" (Martin). Speaking about a community event, Ed said that community members "didn't just come over and say hello, they wanted to talk for a while. And uh, they were interested in what I was doing," and Stanley explained that people taking an interest in work he was doing, gave him hope. Noting the response to sharing a project he was working on in prison, Stanley said:

> He said, "Oh wow - that's interesting!" you know? So that gives [me] a little bit of hope, you know. … I was very, very fortunate because I met some people that actually believed I was on the right path and that I was sincere about it. So when you look at building relationships, these are the things that count - when people believe in you.

For many of the men, experiences with community groups provided "a safe place for us to grow" (Stanley), because these relationships provided opportunities to practice new skills and to have skills modelled. For example, Peter said that community members' role modelling expanded his emotional capacity: "I watch other people, and I see their experience and it allows me to feel something." He also emphasized the need to practice new skills, especially in such a violent environment. Referencing the timing of prison programming and contrasting the experiential aspect of community groups with the completion of a CSC program, Peter explained:

> When you put us through these [CSC] programs that they have inside, make it on a level that begins my journey towards the street.[72] So that I'm not just getting this program of violent offenders into me, and then I'm put back into an environment that's all conducive to the violence you can show or how much you can defend yourself … if you want something that's responsibly helpful, get guys doing these [community] groups and start to have environments that react to those kinds of things in ways – so that the person finds stability in those kinds of ways because they don't know what it's about. Make it so that we have interactions with people, and um, if you mess up on it, you have uh, a responsibility to it. … They take us through these violent offenders' programs, and you're thinking ok great. But then you get back over into the prison and you're going - so they did that when I got 10 years in on a life-25, what's that for? Now I'm here and I'm trying to tell [another prisoner], "I hear what you're saying but I don't really want to have that happen, and I don't want us to get into any altercation over it because it's just going to create some problems for us." The other guy's going to

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[72] Peter is referring to learning new skills (rehabilitation) as beginning his journey of reintegration.

say "Get the fuck out of here!" So you can't utilize the tools, what they say - they give us a toolbox. What am I going to do with a toolbox?

Joey stressed the importance of modelling:

> Just knowing that [something] is not right isn't good enough. Like, how are you going to learn new skills unless you have a model? Do you know what I mean? Or some type of guidance or something.

The importance of the *type* of growth experienced by the men was shared by most participants. Ed explained the connection between positive socialization and moral growth:

> It [the satellite university] gave people the feeling that they were not in the institution. You could go there and it was like being in the community. And um, it was a breath of fresh air and whether or not [studies] about whether you could teach people moral development matters is irrelevant, as far as I'm concerned. What is relevant is that just by becoming part of that social environment, and educational environment, you become a better person. I know that because I've seen it. I've seen it with myself, I experienced it.

Men spoke extensively about the impact of RJ groups, which included victims who "had some pretty significant trauma" (Paul) including murder (of their siblings, parents, children) and sexual assault, and people from various professions. Highlighting that healing occurred through reciprocal, genuine sharing and understanding in these groups, Paul appreciated the "real, genuine, catharsis" that occurred:

> I definitely looked forward to see people that had a different perspective and no pretense and [being] genuinely respected … like they had room for understanding … It was like a never-ending present … Like, genuinely having a conversation with real meaning and value about what's happening right now. There is a concept of never-ending presence, it's almost like if you can stay there, none of the shit that goes on around you, [and] none of the shit and turmoil from the past can affect you.

Further, the personal growth (i.e. the empathy and understanding) that occurred in this group, was reinforced by the learning experienced through community member modelling:

> It was like a really, um, it's a really powerful experience with that group of people. It was just an interesting group of people. They were all coming from different perspectives and they had all these people that came from, like, having lost someone that was close to them. They would just tell their stories, and you would just listen, and hear - and we could see, like right at that second, in that moment, how much pain

it was for them. And like, it's just like, "ok, I get it." Just being present for that story, it changes you. It's not something you can teach. Right? It's something you can learn by role model and example. (Paul)

Summarizing the impact of CM-P initiatives and relationships, Joey said:

[By] opening it [the prison] up for volunteers, you give people the opportunity to have hope and to work towards something, and to believe that they can actually achieve it.

"In the back for a long time"

Half of the men (47%) emphasized the importance of being ready to participate in various initiatives. Some men were offered opportunities when they were not 'ready' yet. Being ready pertained to attending, as well as participating in, groups. For example, Stanley told me that he did not participate in community-run groups until he reached a minimum-security prison, explaining that, "before that, I wasn't ready." Asked what prevented him from being ready, Stanley referred to risking vulnerability and the need to maintain a reputation of hyper-masculinity (See Chapter 5). He explained:

Fear. Fear of letting go of what you built. Um, I think at one point in my life [it was] not too late, but um, too early. Because like I mentioned before,[73] I knew I was spending my life there. So that's not the time to change.

Being ready also referred to participation. To illustrate, Stanley said that even when he decided to attend RJ groups, "I didn't interact much. I just sat in the back for a long time," and Martin spoke of beginning his initial work with a community counsellor, highlighting the importance of controlling the pace:

It's not everyone that I can open up to, even if it is for a good thing… She's someone I think I can talk to. She's not all rush, rush, rush! She more or less let it go at my pace, and that was really good.

Martin voiced the importance of individual needs: "Sometimes guys don't open up, and sometimes they open up in stages, and some just aren't going to and some do completely." The men's need to find "safety there for sharing" (Paul) was emphasized by Peter, who explained the unfamiliarity of emotions, "because the emotions aren't

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[73] Stanley is referring to a previous comment: "If you're trying to build up the strong man character in prison, then [caring, compassion] is not something you want in the equation" (see Section 5.3.3.).

something we have grown up very good with, and uh, how do I share that with anybody?" (Peter). Safety in the group required non-judgment:

> You need to have a dialogue that's a lot better and a lot more informative on your side without any judgmental stuff. We all already know that we're in the joint and we all have backgrounds that are not too nice. (Peter)

The men emphasized the unfamiliarity of getting "touched" by honesty, goodness, and genuine connection, the importance of finding 'other ways' to contribute to the group until they felt comfortable, and the process of proceeding slowly:

> I think some of the programs - meeting people from the street … At first you could think, "Ok we're getting live entertainment," but after you get into it then you realize that they have personalities … but um, these people are not people that have, you know, had big issues of going to court and stuff. They're people from schools and different things that want to help out and stuff. And once you get off your little pedestal of being the guy in the joint … for people to come in and see, then you start to have a dialogue with these people in an honest sense. And sometimes it surprises guys that are on the inside, because they get touched by it in different ways, and all of a sudden they go, "Ok" and … they're either pacing the field, or going around and working out and trying to get it away from themselves[74], but now they've been touched by something that's good, and then you'll see them coming back and sort of… "Is there anything I can do for the group?" It might be subtle but, just little things that you catch from people. (Peter)

"Doing something for the group" might involve setting up chairs or making coffee, until they were ready to participate verbally or emotionally. Peter emphasized the importance of recognizing these behaviours, saying of correctional staff, "that's where the other side of the fence needs to be more acute with seeing those kinds of things happening with people."

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[74] Peter is referring to diffusing the experience of soft emotions, which is unfamiliar and uncomfortable. During one of his interviews, as we discussed a topic which was sensitive for Peter, he abruptly rose and walked a short distance away (so abruptly that, on reflection, it resembled the reaction of opposite magnetic poles touching), lit a cigarette, and returned, joking and discussing 'lighter' topics. I interpreted this as his need to diffuse overwhelming emotions and reduce the emotional impact of the topic (see Zingaro, 2012). I followed his lead with lighter topics, and he returned to the interview material when he was ready. I interpret this as Peter's reference to men needing "to get it away from themselves" briefly.

7.3.3. Pride and Protection

Most of the men (65%) shared feelings of pride, ownership, and accomplishment as a result of CM-P interactions. For example, the theatre group provided a "sense of meaning and purpose" (Ed), and Martin shared his accomplishments in a university program:

> They had a [university] satellite campus, so I enrolled in that, and never looked back! Just a blast! A's, A's, A's, A's, A's. Throughout the whole thing. And it was an actual satellite campus, so it wasn't, you know, somebody who was paid to make you feel better and pat you on the back, kind of thing, right? … We had actual professors come in and teach their full curriculum. Right? Their full courses. We did them all. What a blast! Hard sciences and soft sciences. … And these are professors going "Holy fuck!" … So they're just amazed! That felt good, yeah. Way, *way* good! … You know, [you're] not just there for your day's pay, but for the *joy of learning!* Right? What a blast! I liked English 101 so much I took it 3 times!

Pride was also evident in men's commitment to, and protection of, initiatives and community members. Joey explained that community connections provided "more socialization, more meaning, more purpose," and Peter's sense of pride was evident as he referred to the men's commitment to the upkeep of a community golf course:

> They had a golf course at [prison]. Guys used to take care of the golf course because older people would come in to use it. So you're all, "Oh I have to make sure that's all good for those other people coming in."

Finally, participants revealed that "policing themselves" (see Chapter 5) extended to protecting CM-P initiatives. Ed explained that "guys *cared* about that stuff, and they don't want to lose it … [so] they wouldn't stash stuff there, they wouldn't basically do things that would cause grief to befall those things." To ensure volunteers' safety and protect them from "a pretty negative environment," Martin explained "you've got to um, bring them in slowly, educate them slowly. Don't want to shock them too much." When asked what volunteers might be shocked by, Martin explained an assiduous protection process:

> Our lives! Inside! Shit happens! Right? So, they're going to experience stuff that they may find disturbing and we don't want that to happen in a rush, right? Because they'll just, "Well, fuck this." Right? And beat the feet … Prison is a microcosm of society, right? And um, it's more violent and faster, and covert. Um, so anybody that comes from society that comes into our little society, we have to treat with kid gloves. Because

if they were exposed to what we were exposed to every day, they would go screaming out of there, right? … And these are people that want to help us. And so we want to bring them in slowly, blend them in slowly. And of course, let them know what they're in for and whatnot, so they can be aware, and you know, but you have to do it with kid gloves! Because a lot of them can't take it. You have to expose them slowly … to our lives, to our lifestyles, our language, our rules of safety. Right? You have to become aware of what's going on around you and behind you, right? So, we have to teach them that without surprising - or you can let them know that's what you're doing, right? You sit in the corner or back to the wall ... and if they ask you why you're doing it you tell them. So yeah, conditioning … Your [a community member's] back is always covered in the joint. Because we like people to come in and try to help us.

Participants also protected the 'space' itself. Ed's explanation of prisoner-students' control during a riot demonstrates the extent of prisoners' protection:

The university was like a Godsend. It was a place where we could go and do what we wanted. They didn't even come in there - the staff, the guards. Right? We had an agreement with them. There was no knives, no crews, no problems there *ever*. So um, they honoured it and we honoured it, and – right up until the riot. … Yup [during the riot] we stopped everybody from burning down that building. The guys stopped everybody. They said, "No. You're not going to destroy that building – the university building." That's how much we thought of it. We burned the rest of the place, completely, not that building.

Pride extended to community reintegration. One third of the men (35%) spoke about jobs that community members, who they met in prison, offered to them on their release. Mike shared:

When I was [in prison] they had a sawmill up there. And the guy that ran the sawmill ended up quitting, but he kept in touch with the institution unknown to me, um, to find out when I was getting out, and he ended up working for a guy that built log homes. This guy had a sawmill similar to the one we were working at … and he liked the way I worked for him because I used to put in way more effort than anybody else did. So he got hold of the institution and told them that he would give me a job if they let me out, and he was the one that got me out.

Andrew, who in his fifties, was learning to support himself for the first time in his life, revealed his sense of pride as he spoke of recognition he received from a new employer:

Like working at it and showing up every day and being there at 6 a.m. and proving it. Like, I got this letter after working the first week from [the manager] who I worked for, I got this letter after working the first

week [and] they put me up $1.00 an hour! And uh, they said I was their best, most reliable [worker], and I was just new there! … And the letter [said] that I was uh, willing and eager, that I showed up on time, I took on numerous tasks, whether knowledgeable or not, that I asked the right questions, I performed my duties with eloquence, whatever that is. … I was reading this letter and I was like, "What the hell?" I wasn't expecting this! I never received a recommendation like that ever, from anybody!

7.4. "Kwi[75] is not a jail"

Seven of the men (41%) referred to the "Red Road,"[76] and "Kwi" as a positive and helpful aspect of prison. Four of these participants served a part of their sentence in Kwi and five of them spoke from experience with Elders in Kwi or in other prisons. These men referred to "Native spirituality" (Andrew), spiritual guidance, culture, and Elders, emphasizing aspects of the Red Road and Kwi that they experienced in addition to themes discussed above. For example, in addition to feeling human and being treated as equals by community members, these men also experienced humanity and equality with Elders in various prisons and with correctional staff at Kwi. Speaking about the Elder at a medium security-level prison, Peter explained:

> He used to come over to [the prison] at certain times of the week for doing sweat lodges and stuff like that. I'd gotten, um, where it was a good relay between us, because I saw that he was genuinely there, and he would be there for the guys. He would do drumming, and he would sing stuff, and he would tell us about sun dances and certain things.

Dave told me that the "most positive" experience of prison was "going to the Aboriginal Healing Village [Kwi] to connect with culture and spirituality" explaining:

> Kwi's a different place. I mean that's the best prison in Canada, so that's different. That's the best place. I mean, guards don't even wear uniforms there. So - and that's a good mentality, right? I think more places should do it like that. They make it more like you're at an equal - they treat you like you're equal.

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[75] Kwikwexwelhp Healing Lodge is a men's Healing Lodge located in British Columbia and is generally referred to as Kwi.

[76] See Waldram (2013) for a discussion of the amalgamation of various Indigenous cultures. This amalgamation, which enhances similarities, minimizes differences and 'borrows' between traditions to identify common cultural and spiritual themes, is implemented within Canadian correctional institutions, and is often referred to here as the "Red Road." Walking the "Red Road" refers generally to living according to Indigenous culture, Also, see Gone (2011) for a discussion on the "cultural renaissance of the Red man" (p. 187).

Brian emphasized the importance of staff attitudes at Kwi: "Behind the culture, behind the healing village is the staff. Staff is the foundation. Right? If you have shit staff, you're going to have a shit jail."

These men emphasized connectedness, and all of them said Elders provided spiritual and cultural guidance, and safety. Robert spoke extensively about Elders, saying they provided safety, connection and encouragement:

> The Elders, they started the healing journey for me … I took Aboriginal Programs. That was very positive - connecting with the Elders and that. … Elders are safety to me. Right? When I'm with Elders I know I'm not going to get hurt. So that's why [they are] important to me. … He [The Elder] - well he just made me more determined is what he did. Right? Because he told me not to give up.

For some of the men, cultural teachings helped them to model a better life for their own children. Peter explained, "[I wanted] to show my son another side of his life," and said that:

> [I] thought if he gets into sweat lodges and that and it starts to become something for him, he might find a better way of life, because I certainly haven't done a good job of doing that for him.

Others told me that Kwi provided an opportunity for them to live a better life. Brian illustrates: "It's where you learn yourself - you learn about yourself. You pick up the tools that you need to live and walk a proper way of life. Right? Your spirituality. Your culture." For Brian, learning a better way of living included structure and routine, saying of his life in the community: "I'm just doing what I did at Kwi.- wake up, go to work. It's the same thing. Wake up, go get a vehicle, go to work. That's what I did up at Kwi, same thing here." Brian explained various aspects of Kwi that were helpful, saying:

> You got ceremonies, pow wows, sweat lodges, right? You have community Elders come in on the weekends and give some teachings, show you how to do some art, or just a different kind of culture someone comes in and teaches. Or just a group of guys go out to ceremonies or go and do community service for the community, right? Maybe go clean up or chop firewood or whatever. Connection.

The following excerpts[77] from my discussions with Brian indicate the overall impact of Kwi:

> Colleen: If you had one minute to talk about any aspect of prison that helped you in your healing, what would that be?
>
> Brian: Kwi. …
>
> Colleen: If there was anything that you experienced, and you thought it could help other people, what might it be?
>
> Brian: Kwi. That's it. The way Kwi is. …
>
> Colleen: You told me that there are some guards that are willing to help, that care. Did you experience some like that?
>
> Brian: Um hmmm. Kwi. …
>
> Colleen: Were there people that you connected with in prison?
>
> Brian: Just at Kwi. *And Kwi is not a jail*. It's a healing village.
>
> Colleen: In an ideal world, what might have helped you in your healing?
>
> Brian: If every jail was like Kwi.

7.5. "Letting my fate go out there with the tide"

Despite experiencing staged reintegration and having had positive experiences with community members, most participants (76%) expressed *terror* about being released from prison. Stanley told me, "I was more scared of getting out [of prison] than I was coming into a maximum when I was 20," and Martin told me of a conditional release that instilled such great fear in him that he refused to leave:

> My Inside Parole Officer came out to wish me luck and all that kind of thing… and my cell was just the same as it was every day. I hadn't packed a thing. I had no intention of leaving[78]… They came into my cell,

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[77] These excerpts were taken from different points in my interviews with Brian and are consolidated here using ellipses to separate responses and indicate different points in time during the interviews.

[78] Martin explained, "In the old days [prior to implementation of statutory release] …you could have stayed to flatten your bit - stayed until warrant expiry. They say "Get out" and you say, "No. I want to stay until warrant." Since the development of Statutory Release, in 1992, the law requires prisoners with a fixed length sentence (life sentences do not qualify) to be released after serving two thirds of their sentence. The Parole Board of Canada notes specific conditions under which statutory release may be denied or revoked (see https://www.canada.ca/content/dam/canada/parole-board/migration/001/093/001-3003-en.pdf).

6 strong, the ERT, Emergency Response Team, and physically ejected me from the institution. Yeah. They came and they ejected me from the institution! Packed my gear up in plastic bags and threw them out the door, and threw me out with it.

The men indicated that fear and anxiety did not cease upon release from prison.

7.5.1. "A little stick with a little thing on it"

A minority of the men (29%) shared fears regarding employment, financial ability, and living independently. Andrew explained:

I mean here I am, I'm [over 50], I've never worked, never bought my own clothes, never bought my own groceries, never paid my own rent. Never in my life. Never in my *life.* So I have to learn this … It scares me - because I have to learn to budget. I have to learn how to shop and make it last a month, all that kind of stuff.

Although Alex noted that the culinary course gave him "some skills and some actual accreditation," he expressed fear of being ill-equipped:

I mean, like I didn't have nothing. Like, I had clothes, that's what I had. I didn't have a bank account, didn't have anything… I didn't know how to use a bank card. What's google? You have to know how to use a computer… There's no computers, there's no training [in prison] … People that have served such a long time, technology's passed [us]. There was no cell phone. I didn't know what a cell phone was... When I got out all I knew how to do was to go and rob a bank.

Stuart's summary of release from prison reflected the perspectives of these men:

Your time is up, you're out of here. It's like giving them one of these, you ever seen cartoons with a little stick with a little thing on it? It's like that. They say, "Here. Hit the road!" It's like that!

7.5.2. "Attitudes and values and beliefs … They're hard to shake!"

Approximately half of the men (47%) spoke about a fear of losing prison values. These men said that relying on these values for survival for so long made changing them difficult. One of these values includes violence. Ed shared an altercation with "a couple of guys" who approached him for a cigarette on the day of his release. When he refused, they argued with him, which Ed said was "the worst, because now [he] *had* to do something. In jail, you can't back down. You *can't!*" Ed explained the internal conflict 'walking away' created:

I was mad at myself for not hittin' 'em. I was mad at myself for not immediately-just hitting them right there. And I mean *mad!* You know? I started thinking jailhouse thoughts. What, are you going to let every prick walk all over you? Because you don't want to go back to jail? … That's no way to live, blah, blah, blah, you know. And I'm second guessing *walking away* - which was the right choice! You know, I made the right choice! But those attitudes and values and beliefs are - right? They're hard to shake! It was not easy. I mean I wanted to go find them. I was that angry! You've got to basically take a look and re-evaluate *everything* when you get out, *if* you're going to succeed.

Having been out of prison for over 10 years, Ed said, "The values and attitudes and beliefs that I ardently held are no longer the same, but I still have some of those values. I mean, it's not a light switch. You can't turn it off."

Community values included emotionality and dependence, which the men equated with "letting my defences down" (Martin). These men explained that release from prison required them to rely on "the thems" because "I just don't know that lifestyle because I've been in so long … and the problem is that a lot of the 'thems' are the people that can help you" (Mike). For Martin, relying on the 'thems,' included his IPO, the CRF Managers and staff, and professional counsellors, making him vulnerable: "So now I've got so many different things going on with different people. So I'm scared to death!" Discerning what information to share, and with whom, created extreme anxiety:

[In prison] I know who to give what information to. And how much and what of. I'm *used* to that. I *know* that. I know the consequences of every single action… Letting my defences down, um, it's kind of like letting my fate go out there with the tide, right? It's out there floating around and anything could happen to it. Right? It could get eaten up by a fish, it could get run over by a boat, get snagged on a log - it's adrift! (Martin)

7.5.3. Living "on the outskirts"

Not "fitting in" to society created fear for most of the men (70%). Ed stated that when men are released, "they're so alienated that they find it impossible to think that they belong in the community." For some of the men, fitting in meant being accepted as "normal," or as one of the "thems." These men feared that community members could *tell* that they had been in prison, and therefore, they would not be accepted. Mike said, "I used to think that people could tell, as soon as they look at you, that you were from jail," and Ken shared experiences when he believed people knew he was a 'con':

I notice a lot of people looking at me weird, and I think, "fuck man, do I look guilty all the time? They're looking at me weird like I'm going to

rob them or something, and I'm thinking, "Holy fuck! Do I look that much like a fucking con? What the fuck did I do? You got nothing to fear!"

Some men were fearful because even if they didn't *look* different, having served time in prison they were *perceive*d as different, and therefore "automatically judged." To illustrate, Dave shared his fear of police:

> [I feel] less safe when police are around. Or when I see a cop car. It's just a natural instinct, you know, you gotta be on point, you gotta make sure your walk is straight, your talk is straight. So they pull you over, you gotta tell them you're a federal offender and then you're automatically judged. You think they'll say, like, "Oh, ok - thanks for telling me. Have a nice day?" No. Now they're going to want to question you and this and that.

Other men said that they *were* different. Ed explained a common perception of men who are released from prison saying, "God I hate being around people that are square Johns because they think so differently than I do." This difference is illustrated by Mike and John in the following Focus Group excerpt:

> Mike   The way we think and the way they think are different. Like people that haven't done time think different than people that have done time. That's the bottom line. Right? And the things that are important to the people that have done time aren't important to people that haven't done time.
>
> Colleen: Can you give me an example?
>
> John: Ok. I have a buddy of mine that used to work for me. I went out to see him. He owns a car lot out in [City]. He was telling me all the woes he's got, and all the troubles. He's got his house up for sale for a million-eight, and he's got an Aston Marten sitting in the showroom and he's telling me how tough it is for him. And I'm looking at this and I'm thinking, "Whoa! What rock did I just crawl out from under?" Like you having a problem?
>
> Mike   That's what I mean. Like, like there's so much of a difference between them people and us. Right? Like we don't have the, like some of us, like I got, maybe, tops $200 worth of stuff in my room. Maybe a little more than that. Maybe $500 worth of stuff in my room. That's my whole life! You know? People got that on one tire!

Some men voiced a lack of belonging because of unfamiliarity. For Ken, being released from prison was "hard, man" and "It's odd, uncomfortable," because it resembled a "step into the abyss." Peter explained a lack of safety in the community

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because, "genuinely, the only safety you feel is what you know best," and Martin experienced the community as foreign, summarizing:

> [In prison] we got a bed bolted down, we got a combination toilet/sink [and] we got a bolted down desk. A combination closet/drawers and one plug in, which is level with the top of the closet so that's the only plug in the cell. So everything you own needs to be plugged in there and needs to be on top of your closet or on your desk. It's a pain in the ass ... It's just a really, really depressing place. Yet, it was home. That's my home. It's shitty, but that's how it is.

Peter said, "A lot of guys that are in our positions, they live on the outskirts." As a group, I found the men to live in a chasm, living *in*, but not feeling *part of*, society.

7.5.4. "Bang! You're back in"

Most of the men (88%) described feeling apprehensive because they could be sent back to prison "for anything" (Dan), or "at the whim of CSC" (Joey). Ken said, "You're having a bad day and you tell your parole officer to fuck off - you're going back to jail. Declining attitude," and Joey explained, "They could change my PO and I could end up with somebody that I just - I'm incompatible with and be thrown back in for 'deteriorating attitude.'" Stuart shared a recent dealing with an aggressive salesperson, saying "It was challenging - especially without having to flip out and say, 'Look man, I'm not telling you twice.' And that could land a person back in prison pretty quick." As a consequence, the men described persistent vulnerability: "I'm worried all the time. I'm looking over my shoulder. I don't want to do anything, say anything, because I'm worried about going back" (Dan). Peter's arrest and return to prison shortly after release shocked him: "I started laughing because I thought, I haven't been doing nothing so I don't feel guilty about anything." Spending time in Temporary Detention until it was determined, "He hasn't done anything wrong," Peter shared his vulnerability:

> I went into this thinking of "Am I that... like it's at the PNE,[79] the little things that go by and you shoot at them?" Is this how my life's going to be now? That's what I said in my own head. I'm going, "Well, I'm like a little thing at the PNE that they're shooting stuff at."

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[79] Peter is referring to the Pacific National Exhibition (PNE), an annual fair/carnival in Vancouver, BC.

Other men described feeling defeated by the uncertainty of return to prison, and the toll this uncertainty presented. Dan shared, "At this age, having come out after 25 years, if I go back, to me that would be the end of my life," and Mike described the pain of "going in and out of people's lives," saying, "People are relying on you and you're relying on them, and … you're getting real close to them. Then you get sent back and it's a real nightmare!" He shared:

> It's so easy to get sent back, and you don't even need to do anything to get sent back sometimes. The wrong person sees you doing something that he *thinks* is wrong, and Bang! You're back in. And it might take months and months for you to straighten that out. And for nothing. Then, it's harder to get the energy to fight to get back out again. Sometimes it's easier to say, "fuck it, just screw it all," and just stay in there … you start to think, you know, if you get knocked down a few times and you keep getting back up, eventually you think, "Well what the hell am I even getting back up for? Why not just stay down?!"

The men emphasized that because of this vulnerability, losing prison values was dangerous. To demonstrate, one participant faced a possible return to prison during the study. Uncertain as to whether he would return, he said, "You have to prepare for the worst and hope for the best," which involved:

> Everything you've been working for goes on hold. Well then you go back to the joint and you start finding out what they're going to use against you, right? Like how much did you give to who to use? … They *got* me now. They got [know] things I care about, things I want, and that's ultimate control over me!

The men insisted that prison values were deeply ingrained and that maintaining those values was necessary. Ed's summary represents the men's perspectives:

> Let's face it, [community] values are the right values, but you don't have those values. You've lost them. And you've lost them to survive, and you've survived. And that's why it's so difficult for a lot of guys when they get out. Because, especially people that are doing a lot of time, and that have done a lot of time, when all those values are something that they deeply, deeply believe inside allowed them to survive in there - and they did - and there's always the threat of going back, you've got to keep those values. You've got to keep them somewhere. You can't *ever* do away with all of [them]. You *can't*.

7.6. Discussion

This discussion is focused on Side B of the Prison Model in Figure 5.1. Themes reflect positive, or healing, experiences in prison and during reintegration, primarily resulting from prisoner and community run initiatives. Participants' relationships at Kwi resembled CM-P relationship experiences, and the men considered Kwi to be distinctly different from their experiences in all other prisons. I therefore consolidate CM-P and relationships experienced at Kwi for discussion purposes.

7.6.1. Relationships

Participants experienced prison as devoid of safety, and previous discussions established their experiences of prison as trauma-inducing. In contrast, participants shared experiences consistent with those that facilitate trauma healing. The men unanimously reported relationships as the most impactful positive factor in prison and during reintegration, outlining characteristics and the impacts of inter-prisoner (I-P) and community member-prisoner (CM-P) relationships. This finding is consistent with scholars who emphasize relationships as critical for trauma recovery (Brown et al., 2012; Elkins et al., 2017). Positive aspects of relationships identified by participants are consistent with trauma recovery literature, which outlines relationship components that: (i) contribute to trauma healing and (ii) form a fundamental aspect of *all* trauma-informed approaches and trauma-specific services. While there is overlap between characteristics of I-P relationships and CM-P relationships, fundamental differences exist regarding their function and their potential contribution to prisoners' healing from CPT.

Peer Relationships

Components of I-P relationships are consistent with those required to facilitate trauma healing, such as establishing physical and psychological safety and support. Participants provided and received emotional relief through understanding and empathy. They experienced honesty, trust, respect, positive socialization, and a sense of humanity through these relationships. The men shared coping strategies and provided encouragement, guidance and role modelling, becoming peer counsellors and offering informal support. The data are consistent with Crewe et al., (2014) who report that prisons contain "emotional zones" (p. 67) where emotional expression is permitted. The

data are also consistent with those of Herman (1992), who argued that trauma healing involves building capacity for trust, initiative, competence, intimacy, and identity, all of which occur in positive relationships. Validating feelings, experiences and especially behavioural adaptations occurs through receiving empathy and understanding in relationships (Knight, 2015) as experienced by participants. This validation reduces brain and body threat responses, increasing readiness to begin healing processes (Haskell, 2012). Participants' experiences of empowerment through peer support as well as prisoner-run initiatives are consistent with Herman's (1992) definition of empowerment as "the convergence of mutual support with individual autonomy" (p. 134). Further, understanding personal challenges and experiencing empowerment to manage their own lives are factors critical to trauma healing (Herman, 1992; Knight, 2015), and were experienced through group supports and through the development of programs such as AA, NA, and the theatre group.

Participants' experiences of peer groups/offices as rare places to be "real" are consistent with Fallot & Bebout's (2012) emphasis that relationships are often "decidedly secondary" in men's socialization, and that opportunities to be "real" are rare. More specifically, these data are consistent with Fallot & Bebout's (2012) argument that because men are "defined by strength, courage, toughness and control" (p. 168), spaces where men can be "real men," revealing their thoughts and feelings, are limited. Yet these spaces are crucial for trauma healing. These data also highlight Fallot & Bebout's emphasis that discussions around what it means to be "real men" contribute to resolution of the "disconnection dilemma" (p. 168) and increase readiness for other aspects of trauma healing.

The contribution of formal and informal peer support in connecting CPT and skill deficits of participants highlight the work of scholars who emphasize these factors as enhancing coping and self-regulation skill development (Fallot & Bebout, 2012; Haskell, 2012). Recognition of maladaptive behaviours as coping strategies, as well as the strength and courage required to survive in prison, are consistent with scholars who emphasize that these provide hope and encouragement (Fallot & Bebout, 2012). Revealing peer support as facilitating emotional relief substantiates the relational contribution to developing affect intensity and emotion regulation which are crucial aspects of trauma healing (Haskell, 2012), particularly for men (Fallot & Bebout, 2012). At the most fundamental level, participants' feelings of "humanity," resulting from formal

and informal inter-prisoner supports, are consistent with trauma literature reporting that a sense of self, of worth, and of humanity *depends* on feeling connected with others (Herman, 1992).

"Removal activities"

Because I-P relationships contribute to establishing the safety necessary for trauma healing, on the surface it would appear that at least some degree of healing occurred as a result of these relationships; this is not necessarily the case. I-P relationships were an important strategy to create autonomy and distance themselves from "the man" (i.e. the correctional institution); however, Rothschild (2010) pointed out that "basic safety" (p. 49) *necessitates* no longer continuing to live under threat of trauma and *must* be established for healing to begin. My findings support I-P relationships as enhancing survival, rather than providing basic safety. My data, consistent with Sykes and Messinger's (1960) classic work, reveal that through I-P relationships participants developed a shared identity to reduce in-group antagonism and avoid friction as a "collective coping mechanism," to alleviate pains of imprisonment and to maintain distance from the institution (Crewe, 2007, p. 126). Development of prisoner-run initiatives also substantiates the work of Goffman (1968), who argued that prisoners seek control and retain integrity through a self-concept of independence while under persistent threat by the institution, by way of "removal activities" (in Crewe, 2007, p. 128) such as education, exercise, and socialization. Ricciardelli and Memarpour (2016) report that through these activities, which they refer to as "ritual behaviours," prisoners create "some semblance" of agency, freedom and control (p. 180). This was the experience of my participants.

These data extend the work of Hobbs and Dear (2000) whose study of Australian maximum-security, male prisoners reported that prisoners "almost never" (p. 136) seek support or assistance from prison officers, even to their own peril (through self-harm/suicide) and who recommended qualitative research to confirm reasons for this reluctance. This finding is consistent with experiences of my participants (i.e. Tom: "If I'd have mentioned that [CPT] in prison then I'd probably have to deal with it before they let me out"). Development of prisoner-run initiatives supports Valent (2012) who argued that "assertive goal achievement" (p. 735) through concentration on goal-directed work is a trauma survival strategy utilizing strength, control and competence, and as such requires

individuals to remain in a 'fight' state. Doing so, however, is counter-productive to trauma healing, accentuating the assertion that I-P relationships enhance survival and minimize impacts of ongoing trauma, rather than facilitate trauma healing.

Prison was experienced as a war-zone (see Chapters 5 & 6), and I-P relationships experienced by participants closely resemble experiences of combat soldiers and Holocaust survivors through which impacts of ongoing trauma are mitigated. Van der Kolk et al. (2007) referred to group cohesion as a protective factor against impacts of trauma in combat soldiers, and Herman (1992), reported group solidarity in combat and concentration camps as providing the "strongest protection against terror and despair, and the strongest antidote to traumatic experience" (p. 214). My data are consistent with literature that presents group solidarity as creating a sense of equality, belonging and collaborative empowerment that bears witness to, affirms and exalts victims, and restores humanity (Herman, 1992). It also lends support to Kivlighan and Kivlighan (2014) who contend that group members can provide particular support and understanding of unique experiences that are otherwise unavailable to them. Referred to as "universality" (Yalome, 1968), Kivlighan and Kivlighan (2014) argue that this type of peer support is the most important factor of affective support groups. This finding is consistent with my data and emphasizes I-P relationships as facilitating trauma *mitigation*, rather than trauma healing.

My findings that by providing peer support, participants experienced a sense of pride, competence, and independence substantiate trauma-informed, gender responsive (TI-GR) care, which accentuates the value of peer support as a "highly effective" element of recovery for trauma survivors (Jennings, 2004). They also substantiate findings of Devilly, Sorbello, Eccleston & Ward (2003), who report that prisoner peer counsellors experience a sense of fulfillment, empowerment, insight and skill development. While my findings support Devilly et al.'s (2003) findings of peer counsellors as effective in some areas (i.e. HIV/AIDS and substance abuse education, prison orientation), they do not affirm their recommendation for peer counselling in areas of sexual offence reduction and suicide/self-harm reduction. First, my analysis exposes a prison hierarchy which prevented relational mutuality, trust, and respect between general population and sex offenders, and therefore challenge the potential for efficacy of peer counselling between these offender groups. Secondly, Devilly et al. (2003) point to implementation of peer counsellors to "ease the pressure on professional counselling

staff" (p. 231) in areas of violence prevention (to self and others) and to maintain "security and good order of the correctional environment" (p. 231). My findings caution against this. Peer counsellors are, themselves, prisoners living in a trauma-inducing environment, and requiring an undertaking of responsibilities resembling those of professional counsellors carries an increased risk of compounding trauma and the potential risk of vicarious or secondary trauma or compassion fatigue (Newell & MacNeil, 2010). Because of the correctional culture and prison environment (see Chapter 6) it is unlikely that peer counsellors could be provided with the support[80] necessary to prevent these types of trauma. My data also suggest that peer counsellors who act 'on behalf' of the institution may be viewed as an extension of 'the man,' reducing trustworthiness in the eyes of other prisoners, thereby reducing their efficacy as well as their own physical and psychological safety.

In summary, it is clear that I-P relationships provided factors necessary for trauma healing; it is more likely, however, that these relationships were experienced as psychological survival, coping, and trauma-mitigating mechanisms. Nevertheless, the data are promising because the development of positive connection, empathy, growth, and learning experienced through these relationships demonstrates resilience, capacity and a desire for change. Therefore, while peer counsellors should not be relied on as trauma-healing or institutional control strategies, independent prisoner-run initiatives and expansion of opportunities for positive inter-prisoner relationships and peer support should be encouraged and supported.

Community Member-Prisoner Relationships

Through CM-P relationships, men experienced factors critical for trauma healing. They experienced aspects of TI-GR care, some of which emerged through I-P relationships. For example, participants experienced empathy, understanding and humanity as community members treated them "as people," and "cared about" them. Honesty and trust extended by community members was "significant" (Peter) for

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[80] See Newall and MacNeil (2003) for a detailed discussion of the experience of vicarious trauma, secondary trauma, and compassion fatigue, and for a discussion of risk factors and strategies necessary to minimize those risk factors among professional counsellors. For example, risk factors include inadequate supervision and support of other professional colleagues, and inadequate rest, relaxation and positive relational support. In addition, organizational culture plays a crucial role in the potential for experiencing negative impacts of providing counselling services.

participants, who emphasized the importance of experiencing program facilitators and Elders as "genuine." Feeling *trusted* was particularly meaningful for participants, who appreciated being introduced to children of community members and being invited to homes and cottages of community members. These relationships provided a place for the men to "be real," consistent with the work of Toews and Harris (2010) who indicate that RJ processes promote empowerment and humanity among prisoners, and Yuen (2011) who reported Aboriginal healing processes as providing safe spaces, conducive to expressing vulnerabilities. In addition to overlapping with components of I-P relationships, CM-P relationships expanded participants' experiences of TI-GR care.

Participants used the terms 'volunteers' and 'community members' when discussing CM-P relationships but *experienced* these people as service providers consistent with TI-GR care, RJ principles, and Aboriginal[81] healing philosophy,[82] particularly relationships with RJ practitioners, Aboriginal Elders, and staff at Kwi. While the men spoke extensively about RJ initiatives and community members, it was apparent that *all* community members facilitated similar factors of healing. It is beyond the scope of this discussion to examine each (type of) initiative separately, but it is clear that individual community members portrayed values and principles consistent with RJ, and therefore with TI-GR care. I therefore refer to RJ practitioners, community volunteers, community program facilitators and Elders collectively as 'community members' unless otherwise noted.

Remarkably, through CM-P relationships, participants experienced *all* of the core assumptions of a TI-GR approach for men. Most notably, although participants adamantly rejected any notion of safety in prison (see Chapters 5 & 6), they used terms

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[81] Recognizing *The Indian Act*, 1951, as defining 'Indian' as Native American by ancestry, Grant (2016) uses the terms Aboriginal people, First Peoples, and First Nations peoples interchangeably to include all people of Native American descent. I use the terms 'Indigenous' and 'Aboriginal' interchangeably in this dissertation because the Correctional Service of Canada website, (https://www.canada.ca/en/services/policing/corrections/aboriginal.html) uses 'Aboriginal,' and The Truth and Reconciliation Commission of Canada website, (http://trc.ca/websites/trcinstitution/index.php?p=3) and The TRC Final Report (2015) use these terms interchangeably.

[82] See Waldram (1997, 2013) for a discussion of "Pan-Indianism" and Waldram (2013) for a discussion of "contemporary healing traditions" (p. 197), which refer to an amalgamation of various Indigenous cultures. This amalgamation, which enhances similarities, minimizes differences and 'borrows' between traditions in order to identify common cultural and spiritual themes, is implemented within Canadian correctional institutions, and is referred to here as Aboriginal healing processes.

such as "a safe place" and "safety" to describe CM-P initiatives and relationships. Participants emphasized safety as fundamental for them to be 'ready' to explore new attitudes and behaviours, and to deepen their learning and growth. One of the most important components of safety, unanimously expressed by participants, was experiencing community members as having the ability to listen to their stories, and to 'see' their lives in prison. This ability expressly involved the capacity to "be prepared for what's coming" (Andrew) when participants shared their stories, and introducing community members to "disturbing details" of prison lives 'slowly' because "a lot of them can't take it" (Martin). This component of safety is consistent with Herman (1992) who reported that trauma survivors need proof of one's ability to "stand to hear" true stories of trauma, "the real shitty stuff" (p. 138) in order to develop a trusting relationship. These data are consistent with the notion of a safe environment as a "corner-post" (Van Ness & Strong, 2006, p. 49) of RJ, and corroborate Toews and Harris (2010) whose prisoner participants experienced RJ circles as "safe spaces" (p. 128) that facilitated positive personal growth and attitudinal change. Emphasis on experiences of safety are consistent with the philosophy of Healing Lodges, which provide respectful, dignified environments that empower prisoners to make meaningful and responsible choices (Grant, 2016). They are consistent with Yuen (2011) whose Canadian female prisoner participants found Aboriginal healing processes to be a "safe and secure emotional space" (p. 99) and Sweat Lodges on prison grounds to represent a "sacred area" (p. 103). The data illuminate safety as the primary and most essential component of all trauma recovery (Herman, 1992), as forming the core of "first stage trauma treatment" (Poole & Greaves, 2102, p. xvii; also see Rothschild, 2010 & Haskell, 2003) and as central to all trauma-informed care (Brown et al. 2013; Elkins et al. 2017; Knight, 2015).

Several aspects of CM-P relationships *created* safety for participants, and thus, enhanced recovery, learning and growth. For example, participants appreciated the ability to maintain choice and control over their participation, joining RJ groups when they were ready, participating as fully as they wished, and participating in ways that felt comfortable for them. Controlling participation increased participants' trust in community members, provided them with validation, and enhanced their feelings of safety. These experiences are consistent with core values of respect, non-judgment, and voluntary participation of RJ (Edgar & Newell, 2006; Zehr, 2015) and substantiate Crocker (2015) whose study in three Canadian prisons reported that the voluntary nature of RJ helped

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prisoners feel that they were not being judged, reduced stereotypes between prisoners and community members, and increased prisoner motivation, honesty and participation. These data also corroborate Yuen (2011) who reported that prisoners experienced Aboriginal healing processes (i.e. ceremony) as "an act of freedom" (p. 106), a space of empowerment and an opportunity to reclaim[83] responsibility, and a place where individuals maintain control (Yuen, 2011). These data highlight Fallot & Bebout's (2012) emphasis on the core assumption of maximizing interpersonal control and choice, as well as pacing service provision, as essential for men to develop the ability to engage in discussions and to overcome limited expressional ability.

Participants experienced equality with community members as critical to reducing their need to maintain independence and limited emotionality, that is, to reveal vulnerability and risk connection. The men appreciated the non-judgmental nature of these interactions, and the experience of equality as human beings and as RJ facilitators, feeling a sense of belonging and competence. These experiences were especially true in RJ groups, which is consistent with RJ principles of equality and non-domination (Edgar & Newell, 2006; Pranis, 2007; Zehr, 2015), and the importance of community building, and partnership between prison and communities (see Elliott, 2011; Toews & Harris, 2010; Zehr, 2010). The data also substantiate Edgar and Newell (2006) who assert that equal status in RJ processes provide "enormous security for the personal integrity of participants" (p. 31), ensure that participants will not be "talked down to," and provide equal input in actions and decisions made within RJ groups. More importantly, these data emphasize RJ's fundamental belief that human beings are more likely to make positive behavioural changes through collaborative relationships and highlight the commitment of RJ to participatory learning and decision making through processes that do work *with*, rather than *to*, participants (Wachtel, 2005). Referred to as "relational mutuality" (Fallot & Bebout, 2012, p. 170), these findings substantiate TI-GR processes that enhance mutual learning between practitioners and survivors (Jennings, 2004; Poole & Greaves, 2012) and that report that these processes reduce stereotypes and judgments between community members and prisoners (Crocker, 2015). These data corroborate experiences of Canadian prisoners who experienced Elders and

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[83] Yuen's (2011) participants refer to reclaiming responsibility as a reference to the opportunity for Aboriginal participants to reclaim cultural traditions and heritage that were forcibly taken away through *The Indian Act*, Residential Schools, and The Sixties Scoop.

Aboriginal healing processes as interactive dialogues between patient and healer (Waldram, 1993, 2013), and particularly Walgram (1993) who reported that prison Elders are viewed with "respect and reverence" by Canadian male prisoners, a view that is "strikingly different" (p. 350) than prisoners' perspectives of other prison staff. This lends support to Yuen (2011) who reported that prisoners experienced inspirational, reciprocal and mutually reinforcing relationships with prison Elders, facilitating an educational and transformational process. Further, participants' experiences of growth as a result of relational mutuality and collaborative relationships substantiates Fallot & Bebout's (2012) core assumptions of TI-GR for men, which contends that the sharing of "meaningful power" (p. 170) results in increased choice and enhanced development of life goals and recovery.

Participants emphasized the importance of a place to "grow" (Stanley), to "mess up" (Peter), and to "share" (Paul); they valued a place to practice. Men appreciated opportunities to 'try out' new skills that were practically relevant, to have positive attitudes and behaviours modelled for them and to receive cultural and spiritual guidance. They appreciated opportunities to express a range of emotions, gain insight into their own established behaviours and consider new behaviours in a judgment-free and understanding environment. These experiences are consistent with Crocker (2015) who reported that prisoner RJ participants found that even "arguments or heated discussion can be[come] productive incidents," (p. 56), with one of her participants explaining, "we as a group always find a way to bring that in to [use] it as a group lesson" (p. 56). These experiences corroborate literature asserting that RJ processes emphasize the importance of experiential learning, role play and reflection, expecting and allowing participants to practice new skills while allowing for setbacks as they experience learning and growth (Boyes-Watson, 2009; Elliott, 2011; Toews & Harris, 2010). These findings are also consistent with Miller and Najavits (2012) who emphasize the importance of relevant role-play, exercises and scenarios in evoking compassion, empathy and curiosity. Similarly, my data support Aboriginal Elders' recognition of healing as continuous processes that require the provision of ongoing guidance to address "road-blocks [and] backsliding" (Waldram, 2013, p. 193-194). The data substantiate Yuen's (2011) participants who emphasized the importance of experiencing *all* emotions, especially appreciating that anger is acceptable. The importance of the cultural and spiritual guidance of Kwi and of Elders is consistent with literature establishing spirituality

and culture as playing a central role in trauma recovery, particularly for survivors of child abuse and sexual assault (Bryan-Davis & Wong, 2013; Van Hook, 2016). Finally, the men's experiences are consistent with trauma-informed and TI-GR care that recognize "non-linear" learning (Schachter et al., 2008), dysfunctional behaviours as legitimate coping strategies, and skill deficits as understandable (Fallot & Bebout, 2012). My participants' experiences corroborate the importance of core assumptions of TI-GR care through which practitioners recognize connections between traumatic violence and anger and respond to aggression using flexible, de-escalation techniques rather than measures of domination (Fallot & Bebout, 2012; Miller & Najavits, 2012). Non-judgmental discussion, ongoing reflection and open sharing allowed men to consider and reconsider their own and group member behaviours; these elements also allowed men to weigh the advantages and disadvantages of behavioural strategies, maximizing choice and empowerment, consistent with TI-GR care.

7.6.2. Turning Points

Themes emerging from the data revealed self-identified points that "changed" participants. These points were linked to "impact people," groups (e.g., AVP), or events (i.e. understanding their own behaviour). Participants indicated that these constituted "turning points" (Joey) through which they experienced a profound change of heart, belief, or understanding. This profound change motivated them to pursue positive growth and learning and precipitated a change in their life trajectory. These experiences are consistent with the concept of turning points offered by Elder et al. (1991) and advanced by contemporary criminological scholars (Nguyen & Loughran, 2018).

The data provide support for the conception of turning points as life *events* that precipitate a "radical turnaround" in the life trajectory (Elder et al., 1991, p. 227; Sampson & Laub, 2003). This concept of turning points represents an opportunity for individuals to "knife off" (Carlsson, 2012, p. 3) their past from their future through transitions that include investment in pro-social and growth-promoting relationships and identity transformation (Sampson & Laub, 2005). For example, participants referred to an "epic jolt" (John) through which their "whole worldview [was] dumped on its head" (Joey) and they invested in relationships, groups and initiatives that facilitated positive growth. The data also corroborate current arguments that turning points, themselves, constitute the *process* that involves the alteration of the life trajectory, and that to

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constitute a turning point, "sufficient time" must be spent on the altered life course and a change of behaviour should be evident (Carlsson, 2012; Nguyen & Loughran, 2018). For example, as a result of particular events (i.e. attending AVP or a particular program) participants committed to beginning a process that involved learning, growth, and an alternate life path, and they maintained that path for extended periods of time.

Participants' perceptions of safety and survival played a critical role in their decision to engage with community members or participate in initiatives that would facilitate positive growth, pointing to the risk of vulnerability inherent in altering their hyper-masculine reputation. The men also pointed to the inability to practice skills developed because skills (e.g., assertiveness) learned in CM-P initiatives, especially RJ circles (AVP, Favour), were often viewed as aggression and disrespect for authority and met with negative consequences. This limited participants' ability to fully engage in a change of trajectory. These experiences align with Nguyen and Loughran (2018) and Sampson & Laub (2005) who argue that human agency constitutes an important aspect of turning points and that "life course agency" (p. 337) involves individuals' examination of the consequences of their choices. My findings also substantiate these authors' assertions that constraints within the life world play a critical role in limiting choices within a life trajectory. Pranis, Stuart and Wedge (2003) argue that "positive, constructive, healing values" (p. 33) are universal, however, for people to live in consonance with these values they must feel safe enough to do so. This argument emphasizes the importance of creating a correctional culture conducive to facilitating opportunities for alternative trajectories once potential turning points are experienced.

7.6.3. Conclusion

As indicated on Side B of Figure 5.1, CM-P relationships were experienced as safe and were conducive to positive emotional, cognitive, and relational growth. Representing turning points, these relationships provided motivation toward positive change, and in some cases provided identity reformation. These relationships were mutually humanizing, and reciprocally reduced stereotypes and enhanced respect, empathy and understanding between participants and community members. Men maintained their autonomy, engaging with community members and participating in groups according to their comfort levels and abilities. Participants' ability to experience soft emotions and regulate hard emotions expanded, while skill-building capacities grew

as levels of trust, empathy and understanding increased. Consistent with Rohr (2009) who explained that "an initial change of heart or attitude precedes any willingness to change (one's) mind" (p. 50), as their hearts changed, participants' desire for connection strengthened, their capacity to heal followed, and a change of behaviours occurred. Participants began to develop pro-social and productive values, attitudes and behaviours through respectful guidance, encouragement, role-modelling, and practice, and they felt motivated and inspired to deepen these values and capacities. Participants felt empowered and competent, and developed positive connections with the community. Due to limited exposure to community members and initiatives, and limited space to practice the skills learned, participants were limited in their own sense of belonging to the community and were apprehensive about their approaching release and reintegration; participants viewed the community as dangerous, while the community viewed their reintegration as attaining safety.

Chapter 8.

"I don't think I'm healed"

In this Chapter, I examine participants' perceptions of their level of healing at the time of their final interview. I also explore participants' perceptions of elements that were most important in contributing to their own healing and psychological growth in prison, and to the healing of other prisoners who have suffered trauma prior to entering prison, and that are most important in their lives during reintegration. I present the overall level of healing interpreted as possible in the current correctional environment and discuss the need for trauma-informed correctional care.

8.1. Level of Healing

Participants were asked to consider a hypothetical scale from 0 to 10, where *10 is 'I'm totally recovered from the violence in my childhood,' and 0 is 'I haven't even started healing yet,'* and to consider where they would place themselves on that scale. Rather than provide a detailed, quantifiable description of this scale to participants, I presented the hypothetical scale as a concept with only two defined, major points (0 and 10). Presenting the scale in this way allowed participants to share a numerical assessment of their own level of healing and to articulate what that level meant to them.[84] This presentation also facilitated a discussion with participants around what their perceived level of healing meant to them and what they perceived as necessary to continue their recovery. Table 8-1 provides a consolidation of participants' numerical responses together with supporting comments.

Eleven participants (65%) offered a numerical value, and nine men offered comments supporting, or explaining, that value. Four participants, indicated by a star

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[84] Rothschild (2010) emphasizes the importance of recognizing that recovery is an individual process, varying in experience and perception, and that rather than recovery being measured externally, more important is how recovery is determined by the survivor. Recognizing this, I determined that assigning pre-determined criteria for each step on the scale could not only hinder participant self-assessment, but could also present psychological harm, drawing attention to aspects of recovery remaining unaddressed. For example, one participant who is high-functioning insofar as daily living and relationships yet indicated that he experiences substantial challenges emotionally, rated rate himself high on the hypothetical scale of healing.

(★), provided comments but did not assign a numerical value to their healing. Two participants provided a numerical value but did not comment, and two were not asked the question[85]; these four men are indicated by a diamond (♦), and I include comments which I interpreted to represent their perspective of their healing, interpreted over the course of their interviews.

Table 8-1   Participants' perceptions of their level of healing on scale

Name	No.	Comment
Alex	0	I don't know. I don't - I worked on [healing] for a while, it just never worked. … I don't go anywhere, I don't have any friends to call. [Healing is] a 22-caliber bullet.
Andrew	2	I haven't dealt with it. I've never, never investigated it or looked into it, or even cared to for that matter.
Brian	--	♦That stuff in my childhood is done and gone. I've already made peace with it. I have the potential to be a good role model for somebody else.
Dan	8	Because now I know why I ended up like that. … But I have not completely healed. I will have to live for the rest of my life, [with] why did I do this crime?
Dave	7/8	Following the Red Road is a life long journey, and I'm in a better place mentally than I was before so, 7 or 8.
Ed	--	★Difficult question. I still have a lot of outrage… but it's directed in a different way. I went to war. And I fought that war for 30 years - 30-odd years. Right? Um, I don't feel like I'm fighting that kind of war now, but it's still difficult.
Joey	6	I've figured out most of it and I have cognitive capacity to override a lot of my challenges, and some of them I've resolved. But there's still some of them I'm not even fully understanding yet.
John	6	♦At first dealing with [CPT] is very tough. But it is never done. When you figure you've got it mastered, it's not true. It's ongoing … But I learned a lot [that] I didn't understand [and] that I needed to know. That's made me the person I am now.
Ken	0	I'm pretty God damned lost aren't I? I'm pretty fucking lost.
Martin	1	Yeah – which is hope and a little bit of ground work and a little bit of trust – a little bit of everything I guess. The Treatment Center* helped me become a 1.
Mike	9	♦ I was really seriously looking at my life. Everything. That's when I did the changing and that's when I really learned about myself. Yeah, I've come through it and I'm fine.
Paul	--	★I'm an outlier…I went in [with] a lot of trauma that was blocking me up, and I came through my experience and I actually learned something - like about myself. I was actually able to peel the onion off and understand what, why I was angry. The person that I am today, [my victim] would have liked.
Peter	5	Healing? [long silence] Wow! That's a good question. I don't think I'm healed. 5, I think.
Robert	4	I've got a lot of open wounds. I've never dealt with any of this stuff… I'm angry, I'm just covering it up.

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[85] Pietkiewicz & Smith (2014) emphasize the importance of participant comfort, and Fallot & Bebout (2012) point to the importance of drawing attention to development of coping strategies and life skills, especially for men. During the interviews, in the moment, I determined that two participants might experience distress when drawing attention to, what I interpreted as, a relatively low level of healing. To avoid this distress, I did not ask two participants to assign a numerical value to their own perceived level of healing.

Name	No.	Comment
Stanley	2	★Well, I don't think healing, I mean it's not like a pill you could take and everything's going to go away. I think perhaps what it is, is looking inward and maybe understanding … Maybe as a child I did have a lot of compassion when it started and I lost all that. I know that I care about people. I believe that what I was doing actually was out of character … now I'm just stepping right back into character.
Stuart	--	★I don't like to talk about things. Because I just don't trust people anymore… I just never talked about anything … I'm probably more angry inside. Yeah - I'm probably more angrier. (silence) But at the same time, I don't want to show anyone.
Tom	--	♦Every once in a while I get um, really super depressed [and] I'm already on meds for depression for life and all that kind of stuff. But sometimes when these thoughts pop back into my head uncontrollably, it's like a little motion picture replay of maybe 5 seconds, but and that puts me off kilter for a while. My PTSD comes from the way I was treated in the early years and when my mom got married, and then of course some of the murders I saw in prison, and then I committed 1 too.

*Prior to our interviews, Martin spent time in a residential treatment center where he participated in an "intensive treatment program" that addressed (in part) substance addiction, childhood trauma, past abuse, grief and loss, issues stemming from lengthy incarceration, and self-esteem issues.

Five of the men (43%) who offered numerical values placed themselves at 6 or greater on the numerical scale, and offered comments indicating that they 'understood' the impacts of their CPT (John) or that they have "figured out most of it and… have cognitive capacity to override a lot of my challenges" (Joey). These participants referred to an increased mental and cognitive ability, self- compassion and understanding, and, throughout their discussions, referred to improved daily functioning[86]. Seven participants placed themselves at a 5 or lower on the hypothetical scale. These participants either indicated that they have not "dealt with it [CPT]" (Andrew), or referred to emotional and psychological difficulties, as well as relational and daily functioning challenges. For example, Alex stated, "I don't go anywhere, I don't have any friends to call. [Healing is] a .22 caliber bullet" and Ken summed up his self-assessment as "I'm pretty fucking lost."

Of the five participants who did not provide numerical values, I interpreted the comments of two as a value greater than 5 because the narrative of one (Paul) clearly indicated high functional and relational life-skills throughout his interview, and both assessed themselves as having recovered from their childhood violence. Reflecting on his CPT, Brian explained, "That stuff in my childhood, it's done and gone. I've already

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[86] Rothschild (2010) also explains that recovery is based on a variety of factors such as improvement in ability to focus, frequency and severity of mood swings and flashbacks, personal feelings of improvement in symptoms, and day to day functioning (see Section 8.2. for a discussion of assessments and connection to current Stages of Healing).

made peace with it." I interpreted comments of two as representing a numerical value of less than 5 (Tom & Stuart) because their comments and their narratives indicated psychological and functional challenges. I was unable to assess a numerical designation for one participant (Ed), primarily because his functional and relational capacity was high, but his comment regarding his own recovery indicated a low assessment. In summary, seven participants (35%) assessed themselves at 6 or higher, nine of the participants (53%) assessed themselves or were assessed at 5 or less on the healing scale, and one (6%) remained unassessed.

8.1.1. "Relationship equals safety"

In our discussions around healing, the men identified relationships as the most important aspect of their lives because these relationships represented safety and belonging. Joey said, "We need to find ways to trust people and to be able to trust that we can find a place in this world," and Mike and Stuart pointed to their need "to be trusted." Stanley, whose explanation represents the overall perspectives of participants, said, "Relationship is very important, because relationship equals safety. It equals, also, support, it equals love, it equals understanding."

Of the 12 men who have children and/or grandchildren,[87] nine (75%) stressed their importance because these relationships gave meaning to their lives. For example, Brian said that his kids "are a lot of work, but it's good, I like it. I have the potential to be a good role model for somebody else," and Stuart expressed a need to "make things different" for them "so that they don't have to go through life with it [the pain of his actions] buried." Joey said his child was his "biggest motive to turn things around [and] for wanting to get out and do better," and said that being able to financially provide for his child while he was in prison would have provided "a sense of contribution and meaning and responsibility … and helped me build my own self-worth and self-esteem."

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[87] Three men have step-children or are in committed relationships that include children. I include step-children and children of 'committed partners' because these men referred to them as their children, or as central in their lives.

Ten of the men (60%) said intimate relationships were important to them. For men that were in committed relationships, these relationships represented safety and connection. For example, Paul said that safety is:

> My girlfriend and home, and you know, her and I can be anywhere and it's good. There's no object that makes me feel safe. It's the connection. You know, it's something a lot less tangible and more based on, probably the restorative justice ideas that are the most important - connection.

Others were not in committed relationships but felt that they were important. For these men, intimate relationships provided hope for future connection, but they also represented a challenge, because "[when] guys get out, they're starved for affection - they fall in love with the first face that they see" (Ed). Ken said:

> I want to try to find - I don't know if it's possible - I want to find somebody who can make me feel loved, wanted, needed, appreciated. I've never had any of that. I'm not even sure that I know how to … reciprocate. I don't know if I can do that. I don't even know how to love.

In addition to relationships, autonomy was important to the men. For example, Joey valued "the freedom to be spontaneous," and Stuart explained:

> I guess I just want to have my own place. It's mine - I want to be able to keep it the way I want to keep it. Hopefully to find a decent partner down the road. Someone I can trust, not someone that's going to hurt [me].

8.1.2. "An open mind and an open heart"

Participants unanimously identified one critical element of healing which they felt any attempt to "help" prisoners who have experienced CPT must include. This element is expressed by Brian, who summarized the need for people working with prisoners to "keep an open mind and an open heart."

Thirteen of the men (76%) highlighted non-judgment. For example, Mike insisted that it is important:

> Not to be judgmental. And not everything is what it seems to be. Get to know people before you make judgments and get to know the situation before you make rash judgments. And know that whatever judgments you *do* make, they can be very impactful.

Dave emphasized the need to "not judge everyone the same," and Joey stressed that it is crucial to "not always judge people by what's on the surface - what they're saying or doing":

> There's a lot underneath the surface, the backstory of which we have no idea… To judge people by what they're doing in the moment is totally wrong, and it leads us down the wrong path a lot of the time. We need to focus on communication and listening and empathy and understanding … I think the best thing to do is to be patient and curious and compassionate. Curiosity is the key. We need to try and learn and understand what's going on rather than assume we know.

Keeping an open mind and heart also meant listening to prisoners. The men felt that it is crucial to have "counsellors - people that know how to get people to talk about their childhood issues openly and honestly," and for prisoners to "have a place to sit back and do a lot of reflecting … [in a place] that gives a person a little bit of serenity… peace of mind" (Mike). Some participants stressed the importance of encouraging prisoners to "open up" while recognizing that opening up, "even a little, is a huge, *huge, HUGE* step" (Ken). Most emphasized that when prisoners do open up, it is vital to be "prepared for what's coming" (Andrew) because "you don't know what's going to come [out]. *We* don't even know what's coming" (Martin). Andrew explained:

> If it's at the point where [someone is] talking to the guy and the guy's at the point where he trusts them enough to open up to them, well once those gates open be prepared for the flood! You better be wearing a life preserver because it's going somewhere. Don't open a can of worms that you can't keep a lid on, cause the worst thing you can do, I think anyways, is break through the shell of a turtle and get to the inside and find out it's rotten so you want out. Well, [you have to be] committed to try and get that rot out of there. You can't just give up because times are getting tough, because then you're useless.

Most participants revealed that "we want to do better, but we just don't know how to get there" (Peter), and therefore it is necessary to "be ready to help" (Stuart); that is, "train us how to live. We don't know" (Stanley).

Perhaps most importantly, keeping an open mind and an open heart meant believing in the prisoners' capacity to change. Ed explained, "It's been my experience that everyone has the ability to change. It's a matter of providing them with the desire to want to do so." Alex declared that the worst thing is "hate for inmates. Don't work with inmates if you hate them. Like, it doesn't make sense," and Stanley said of people that work with prisoners:

When one comes to a point where [they] don't believe somebody could change, I think it would be the time to choose another career. Because [if] you don't believe somebody could change, *you*, in a sense, have lost hope. I'm talking deeply - you know - somebody says, "You know, they'll never change. They'll *never* change." You know, "A criminal's always a criminal." Well, if you come to that point, *you* gotta change, try another job because you're harming - you're doing more harm than anything else, you know? You're cancer

8.2. Trauma Recovery and Turning Points in Prison

Table 8.1 reveals varying levels of trauma recovery, and while all participants experienced factors necessary for trauma healing, their individual experiences and their perceptions of what recovery entails differed. This variation in experience and perception is consistent with scholars who explain that assessment of trauma recovery is subjective and is wholly determined by the survivor (Rothschild, 2010). Assessment is also difficult because recovery is based on a variety of factors such as improvement in ability to focus, frequency and severity of mood swings and flashbacks, personal feelings of improvement in symptoms, and day to day functioning (Rothschild, 2010), and because what constitutes recovery depends on a confluence of age, race, class and gender, as well as social, cultural and political contexts (Brown et al., 2012).

Many participants experienced aspects of safety as a reprieve, and indicated that they began to develop skill capacities, coping and functioning skills, increased emotional ability, positive relationships and symptom mastery. The experiences of participants are consistent with Herman's (1992) classification of Stage I trauma recovery. More specifically, Herman (1992) offered three stages of recovery, including: (i) establish safety and stabilization; (ii) remembrance and mourning; and (iii) reconnection. These stages of recovery have been widely accepted (Brown et al., 2012; Poole & Greaves, 2012; Rothschild, 2010). Stage I includes the establishment of symptom mastery, coping skills, self-care routines, non-threatening living conditions, a changed self-narrative (Herman, 1992; Mendelsohn et al., 2011; Rothschild, 2010), and the development of a treatment alliance (Mendelsohn et al., 2011). More than half of the men (53%) in this study remain in the initial stage of readiness for healing (Rothschild, 2010), which I interpreted as a self-assessment of 5 or less on the hypothetical healing scale. It is recommended that survivors in this stage remain in Stage I of trauma recovery; that is, these survivors require establishment of safety and stability before moving to further

stages of recovery (Knight, 2015; Rothschild, 2010). These data indicate that CM-P experiences contributed to the establishment of safety and skill-building capacities, which constitute the focus of Stage I trauma recovery.

Many participants experienced a desire to help others through role-modelling, protection of volunteers and family, and establishing trusting relationships with members of the larger community as they began the reintegration process. These experiences are consistent with aspects of Herman's (1992) Stage III,[88] reconnection, which includes the establishment of mutual, non-exploitative relationships with members of the community at large. These data are consistent with literature arguing that progression through stages of recovery is dynamic and fluctuation between stages occurs (see Brown et al., 2017; Herman, 1992), as participants experienced aspects of Stages I and III. However, it is also evident that few participants experienced higher stages of recovery, with only six participants self-assessing themselves as 6 or greater, and only 3 as high as 7, on the scale of healing. This finding substantiates the need to *continuously* ensure ongoing safety, that the re-establishment of safety and stability throughout the recovery process is essential, and that survivors must remain in Phase I until safety and stability are clearly established (Elkins et al., 2017; Rothschild, 2010). Moreover, while experiencing aspects of Stage I, participants concurrently lived in an overall environment of hyper-masculinity and violence. Stabilization was impossible due to the nature of the prison environment and a correctional culture that generated instability as a method of maintaining psychological control over prisoners. This finding is consistent with Miller and Najavits (2012) who assert that extensive authoritative measures and "management by crisis" (p. 3) result in the re-enactment of pre-prison and family dynamics, and the need for re-stabilization of prisoners.

While most participants self-assessed at 5 or less on the 'scale of healing,' they concurrently identified components consistent with establishing safety and stabilization; that is, with TI-GR care, as their primary need for healing. Participants emphasized the need for safety through genuine, mutually respectful relationships, for the development of trusting and capable therapeutic relationships, for the ability to safely practice new

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[88] Participants experienced aspects of Stages I and III of Recovery outlined by Herman (1992). Few participants experienced Stage II of Recovery (Remembrance and Mourning). See discussion on page 238 regarding trauma-informed correctional care, which recommends against participation in Stage II Recovery for prisoners.

skills, and for a place of stability to engage in quiet reflection. These factors are consistent with components of TI-GR care (Fallot & Bebout, 2012), and with fundamental principles of Aboriginal healing (Yuen, 2011; Waldram, 1998) and restorative justice (Elliott, 2011; Zehr, 2015). This finding is promising. While this substantiates assertions that despite other components required for healing, provision of physical, psychological and relational safety is paramount to progression through recovery (Fallot & Bebout, 2012; Van der Kolk, 2013). This finding suggests a desire for positive growth and indicates that the experience of basic components necessary for trauma healing – safety, autonomy, relationship (Johnson, 1990; Poole & Greaves, 2012) – can facilitate a turning point, motivating prisoners toward healing, and increasing their rehabilitative potential. Turning points and participant indicators of factors necessary for change corroborate Meaney (2014) and Riesel (2013) who argue that recovery from trauma is possible throughout the lifetime. CM-P relationships and initiatives in the prison environment facilitate these components through the establishment of temporarily safe environments (e.g., RJ circles, CM-P programs/initiatives), and these relationships provide the opportunity for some movement between recovery stages such as establishing connection and experiencing non-exploitative relationships (Fallot & Bebout, 2012; Herman, 1992).

The data emphasize the urgency of implementing trauma-informed correctional care (TICC), an adaptation of TI-GR care, to address challenges of implementing trauma-informed approaches in prison (Miller & Najavits, 2012). Two participants who spent considerable time at Kwi, indicated that they had not 'processed' traumatic memories consistent with Herman's Stage II, but assessed themselves, through comments or numerically, as having substantially recovered. They appreciated the stability of routine and practice at Kwi as contributing to their successful reintegration into the community. This finding, together with data revealing threatening living conditions in traditional prisons, supports Miller and Najavits (2012) who explain that TICC is focused on "present-day and future behaviour" (p. 5), and Rothschild (2010) who argued that exploration of past trauma is not a necessity of recovery for all survivors and should not occur while survivors continue to live in conditions of threat. The data further aligns with the implementation of TICC which requires TI-GR training of all correctional staff and extends the potential for creating stability, while aligning with institutional goals

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of public safety, inmate safety and rehabilitation, and institutional and staff safety (Miller & Najavits, 2012).

8.3. Conclusion

CM-P relationships provided safety and autonomy through which participants experienced varying levels of recovery. Living in prison, with the continuous threat of physical and psychological violence, prevented the establishment of a safe and stable environment necessary for trauma recovery, and accordingly, the majority of participants remain in the initial stages of recovery. Participants experienced turning points necessary to facilitate an alternative life course trajectory and engaged in initiatives to develop requisite skills. Turning points were experienced as profound changes in their attitude and/or identity that precipitated participants' desire and commitment to learning alternate skills and behaviours as well as the need for encouragement, practice and guidance. However, the Hyper-mask-ulinity Standoff that represents the current correctional culture limited the potential for extending turning points and altering the life course trajectory. This finding emphasizes the urgency of trauma-informed training in men's prisons. At minimum, initiatives such as RJ and CM-P contact should be supported and encouraged.

In summary, the data indicate a desire, willingness and capacity for recovery and growth, through which pro-social attitudes and behaviours are embraced, and rehabilitation and reintegration are enhanced through CM-P relationships and initiatives.

Chapter 9.

Conclusion

The primary purpose of this research was to explore the lived experiences of men who suffered impacts of childhood psychological trauma (CPT) and who served time in Canadian federal correctional institutions. The goal was to understand the meanings and impact that CPT held for the participants during their childhoods and pre-prison lives, and more importantly throughout their prison and reintegrative experiences, to understand their experiences of healing from CPT from their perspectives. To address these aims, I conducted a series of interviews with 17 former prisoners who served a minimum of 10 consecutive years in at least two levels of security classification at two different single-level Canadian, federal correctional institutions. I analyzed the men's narratives, incorporating a critical, qualitative approach using interpretive phenomenological analysis (IPA). To gain an in-depth understanding of the impacts of CPT and the healing experiences of participants from their perspectives, my analysis answered the two over-arching research questions:

1. What were the experiences of CPT in adult, male, federal prisoners and former prisoners, and what were the impacts of those experiences?

2. What were the experiences of healing from CPT, and how was healing experienced during incarceration and community re-entry?

9.1. Summary of Findings

The men in my study experienced egregious trauma in their childhoods which had significant life-long impacts. The physical, sexual, and emotional/psychological abuse/trauma experienced by the men in my study was consistent with Type II Trauma, Type III Trauma, Crossover Type I-Type II Trauma, Complex Trauma and/or Developmental Trauma (see Chapter 4, Sec. 4.4). As a result, participants experienced psychological and behavioural impacts that began early in childhood and continued into adulthood.

I first explored the impacts of CPT prior to imprisonment. I found that, psychologically, participants experienced effects consistent with shattered identities, such as cognitive confusion, low self-worth, self-blame, and an overall *lack of safety in the world*. Unable to establish a sense of *autonomy* or mastery over their world, the men in my study developed a sense of helplessness, anxiety, and incompetence. They became extremely distrustful, resulting in a profound inability to develop positive relationships and connections. Second, participants' CPT resulted in maladaptive behavioural patterns that initially manifested as oscillations between social withdrawal and socially disruptive behaviours. As they aged, participants' behaviours escalated to include impulsivity, aggression, rage and violence. Chronically hyper-aroused, most participants experienced automatic fight or flight threat responses and became stress-addicted and trauma-bonded. Participants learned that dominance and violence, independence-power and limited emotionality, as requirements of manliness, are not only justified, but necessary for psychological and physical survival. Learning that masculinity required violence, participants equated violence with survival and survival with safety. As youth and young adults, participants' behaviours were driven by physical and psychological survival, and they established mastery over their environment by proving their masculinities through techniques that emphasized violence. The men created and maintained autonomy and safety through the '4 R's' which include Resist Abuse, Revenge, Relieve Emotional Overload/Anger, and Reputation Enhancement. Reputation Enhancement involved the development of a reputation of *mask-ulinity* that centered on power, aggression, dominance, violence and emotional suppression. I found that psychological and behavioural impacts of CPT originated early in childhood and continued over time, through a 'causal loop' generated by a combination of developmental disruptions of CPT, neuropsychological impairments of CPT, and negative social consequences and reinforcements.

Next, I explored the impacts of CPT as they were experienced by participants in prison. I found that inter-prisoner interactions extended pre-prison impacts of CPT. Prison was experienced as inherently violent and unpredictable, participants' inter-prisoner interactions were fraught with physical brutality and lethal violence, and inter-prisoner relationships were experienced as psychologically and physically threatening. *Safety* was not an element of prison. Prisoners survived by maintaining hyper-vigilance, and by creating and maintaining a veneer of hyper-mask-ulinity. I found that participants

experienced hyper-mask-ulinity as involving exaggerated demonstrations of anger and violence, the creation of a body image and reputation reflecting a capacity and willingness to engage in extreme violence and maintaining relationships strategically for survival. The hyper-mask-ulinity experienced in prison constituted a magnification of pre-prison mask-ulinity, with aggression and violence acceptable and required, emotionality as life-threatening, and victimization a sign of weakness. Hyper-mask-ulinity was experienced by prisoners as a logical next step in the life course trajectory, a familiar extension of their childhoods, and a re-experiencing and magnification of CPT.

Correctional staff-prisoner interactions compounded the impacts of CPT through a correctional culture based on domination, violence, emotional detachment and overdeveloped solidarity among correctional officers. Behaviours of correctional staff involved infantilizing and dehumanizing prisoners and subjecting them to extreme brutality in the form of aggression, physical violence, expressions of domination, and excessive use of force. Participants also experienced soft and pernicious strategies of power that involved immense psychological manipulation resulting in institutional control over cognition, behaviour, autonomy and liberty. Suppression of soft emotions was required by the inter-prisoner culture and correctional staff commanded emotional constriction of hard emotions. This combination produced emotional overload, escapable only through inter-prisoner violence and emotional numbing. Physical and psychological annihilation was avoided by strategic CS-P *relationship* formation, increased anti-social behaviours, and resistance strategies to create *autonomy*. Prisoners mastered the I-P culture of hyper-violence while navigating the psychological warfare of CS-P interactions. Correctional staff also developed a hyper-mask-uline persona, and the *Hyper-mask-ulinity Stand-off* between correctional staff and prisoners ensued. Institutional authority figures mirrored childhood and pre-prison authority figures, and participants experienced them as familiar, magnifying participants' sense of powerlessness and intensifying the impacts of pre-prison trauma, necessitating an escalation of pre-prison survival strategies, and extending the life-course trajectory.

Men perceived community members as "impact people" and experienced them as service providers consistent with TI-GR care. While participants spoke extensively about a variety of community initiatives and community member contacts, relationships with restorative justice practitioners, Aboriginal Elders, and staff at Kwikwexwelhp Healing Lodge were particularly impactful for participants. Through CM-P relationships,

participants experienced the fundamental aspects of healing; they experienced psychological safety and positive relationships, and maintained choice and control over participation and decision-making. Psychological safety included respect (relational mutuality), encouragement, non-judgment, a sense of belonging and trust, and a belief in their ability to learn. Community members provided positive role-modelling and their recognition of the non-linear nature of recovery and learning provided opportunities for participants to practice new attitudes and behaviours. These relationships and initiatives were experienced as behavioural motivators conducive to positive emotional, cognitive and relationship capacity and growth. Humanizing the men and providing these fundamental aspects of positive relationships, and the way participants felt as a result, produced a change of heart. These relationships and initiatives were identified by participants as turning points in the life trajectory, altering their behavioural path, and for many, their identity, and provided skill-building, cognitive capacity and a desire to maintain this new life trajectory over time. CM-P relationships and initiatives provided participants with experiences that reflected all of the core elements of a trauma-informed, gender-responsive approach for men.

I drew five primary conclusions regarding participants' experiences of healing from CPT in prison and during reintegration into the community. First, I concluded that in the current correctional environment and culture, the men who participated in my study overwhelmingly rejected CSC as a healing agent for two main reasons: (1) they found the correctional culture and all staff untrustworthy and unsafe; and (2) the correctional environment was counter-productive to practicing positive skill-development (e.g. assertiveness) and demonstrating emotions was life-threatening. Accordingly, participants refused to participate in CSC initiatives, limiting their genuineness in psychological assessments, counselling and their participation in programs that might hold healing potential. Second, inter-prisoner relationships and prisoner-developed initiatives provided a sense of humanity and self-worth, psychological and physical support, camaraderie and connection, and opportunities for skill-building and emotional development. I found, however, that these activities were experienced as removal activities, creating prisoner autonomy and solidarity, and facilitating mitigation of the ongoing traumatic experience of prison, rather than healing of CPT. Third, through community member-prisoner interactions, community initiatives and Kwikwexwelhp Healing Lodge (Kwi), participants experienced safety, developed positive, trusting

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relationships, and experienced autonomy. I conclude that relationships with community members reflected all aspects of trauma-informed, gender-responsive care, through which participants increased emotional ability, especially empathy, and developed skill-building capacity, pro-social values and behaviours, self-confidence, empowerment, and connection. Fourth, participants experienced the environment and staff at Kwi, as well as relationships with Aboriginal Elders at various prisons as consistent with experiences with community members and community initiatives. They experienced Kwi as inconsistent with the current punitive correctional culture and environment, strongly perceived Kwi as "not a jail," and found Kwi and Aboriginal Elders as reflecting all aspects of trauma-informed, gender-responsive care. Fifth, I conclude that relationships with community members, Aboriginal Elders, and Kwi staff provided psychological and physical safety and equality. These relationships were experienced as turning points in the life trajectory of participants, providing motivation for positive change and growth, and for some participants, identity reformation.

To understand how healing from CPT was experienced in prison and during integration, I explored participants' perceived level of healing. Participants expressed a desire for recovery and positive growth, and they experienced basic healing components, which include safety, autonomy and relationship with community members and through community initiatives. Despite their experiences of these healing factors as turning points and their experiences of community members, Elders and Kwi staff as facilitators of recovery and growth, I found that most participants self-assessed as being in the initial stage of recovery, with few indicating a perception of having recovered from CPT. I conclude that experiences of the prison environment as a *Hyper-mask-ulinity Stand-off* acted as a de-stabilizing influence and inhibited participants' experiences of recovery from CPT. Most of the participants therefore remained in Stage I of the recovery process, continuously establishing and re-establishing safety and stability. While recognizing the turning point as a change in their life-course trajectories, it is evident that the correctional environment prevented the extension of turning points in two ways. First, the correctional environment limited exposure to community initiatives and spaces to practice new skills, and second, the correctional environment ultimately limited participants' investment in pro-social and growth-promoting relationships and identity transformation.

9.2. Contributions to Knowledge

My conclusions add evidence to the body of literature establishing childhood psychological trauma (CPT) as underlying many recognized criminogenic risk factors, and to the directive role of CPT in the trajectory of life-course persistent offenders. My dissertation contributes to the growing body of literature establishing the importance of healing CPT as an intervention strategy, increasing rehabilitative potential, interrupting the criminal trajectory, and enhancing community safety. The conclusions from my analysis provide confirmatory evidence that recovery from CPT is possible throughout the lifetime.

My dissertation makes a unique contribution to the criminological literature, as little is known about the experiences of CPT in male prisoners in Canada. My study constitutes one of few that focuses on prisoners' perspectives of the impacts of their CPT prior to imprisonment as well as during the prison experience and reintegration. By connecting CPT with the prison experience, my dissertation also provides unique evidence as to why prisoners who experience CPT engage in greater aggression in prison than those who have not experienced CPT. Perhaps most importantly, my study holds considerable value in understanding the complex rehabilitative needs of prisoners, emphasizing the fundamental and essential need for physical and psychological safety, autonomy and positive, healthy relationships as well as the critical and influential role of community members in the rehabilitative process of lifers and long-term prisoners.

9.3. Study Limitations and Avenues for Future Research

While participant experiences of imprisonment include federal prisons in every region of Canada, the gradual release of participants predominantly occurred in British Columbia. Release processes from federal prisons are guided by the *Corrections and Conditional Release Act* which informs federal policy and practice. Therefore, while there is every reason to believe that reintegrative and release processes are similar across Canada,[89] future research could extend the findings of this study by drawing on the experiences of prisoners who experienced gradual release in various regions of Canada.

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[89] Release processes are guided by the *Corrections and Conditional Release Act*, which informs The Correctional Service of Canada's federal policy and practice regarding graduated release from federal prisons.

The second limitation of this study is the inclusion of prisoners who have entered or completed the staged reintegration process of release from the institution; that is, participants were on day parole, full parole or warrant expiry. Speaking only to men who have experienced these types of release may have excluded men who are still serving time within the institution but who have experienced significant CPT healing and who may provide valuable insight into positive and hindering factors of healing. Hearing from men who are still serving time in federal correctional institutions might increase understandings of current initiatives and mitigate possible memory deficits.

The scope of this study is limited to male, former federal prisoners. Including women would allow for comparisons of how CPT was experienced by girls, as well as how trauma-informed policies and practices already implemented in women's federal institutions and during reintegration have positively impacted women's healing and rehabilitation. This information could provide valuable insights for future application of trauma-informed approaches and reintegration strategies within women's and men's institutions. A similar study conducted with women who are on conditional or unconditional release from a Canadian federal prison is recommended for comparison purposes and would provide insight into the implementation of trauma-informed approaches in corrections.

To build on this research, more work needs to be done to better understand the nature and scope of the phenomenon of CPT in Canadian federal institutions for men. A quantitative study examining the nature and scope of CPT in adult, male federal prisoners, utilizing the ACES questionnaire[90] and conducted in conjunction with the Correctional Service of Canada, would provide confirmatory evidence establishing the prevalence of childhood psychological trauma in Canada's male, federal prison population.

While male, Aboriginal offenders were not excluded from this study, I did not specifically explore the trauma-informed policies and practices of CSC which target Aboriginal prisoners but include non-Aboriginal prisoners (e.g. practices of Healing Lodges and Aboriginal Elders), except to the extent that information was offered by

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[90] The ACES questionnaire has been recognized as a benchmark for measurement of CPT experiences and has been widely used as an assessment tool to establish adverse childhood experiences. (For example, see Danese & McEwen, 2011; Poole & Greaves, 2012)

participants. A future study on aspects of Kwikwexwelhp Healing Village that were experienced as particularly helpful for healing CPT among Aboriginal and non-Aboriginal offenders could inform and guide training for staff dealing with prisoners in other federal prisons who have experienced CPT.

Future studies could explore the lived experiences of family members of federal prisoners and community members who volunteer to work with federal offenders. Extensive literature points to policies, practices, and administrative challenges that hinder connection between prisoners and their families (Travis & Waul, 2003) as well as between prisoners and community volunteers (Kort-Butler & Malone, 2015), yet maintaining healthy relationships with family and community members is recognized by CSC as essential to offender rehabilitation (Derkzen, Gobeil & Gileno, 2009). It is therefore important to understand families' and volunteers' experiences of effective practices as well as hindrances to establishing and maintaining relationships with prisoners.

9.4. Implications for Applied Correctional Practice

This work contributes to our understanding of how CPT manifests psychologically and behaviourally, and how CPT contributes to the generation and continuance of a criminal trajectory in prison. Equally important, my research provides an in-depth understanding of how impactful factors of healing are in creating turning points and transitions within the criminal trajectory, and how essential community members are in the rehabilitative and healing process.

Understanding the perceptions and rehabilitative needs of former prisoners who have experienced CPT may benefit correctional officers, administrators, clinicians, program and service providers and criminal justice professionals involved in the treatment or custodial care of male prisoners. These understandings may contribute to the creation and implementation of treatment programs and protocols during and post-incarceration, better addressing the complex needs of men during rehabilitation and reintegration. Perhaps most urgently, my dissertation provides a comprehensive understanding of the detrimental effects of the *Hyper-mask-ulinity Stand-off* in prison and the destructive impacts of excessively punitive tactics on prisoners who have experienced CPT. With community safety dependent upon rehabilitation prior to release

from prison, my findings suggest that these destructive impacts relate not only to prisoner rehabilitation but, by extension, to community safety. These findings, combined with an in-depth understanding of the rehabilitative potential of healing from CPT, emphasize the urgency of implementing trauma-informed correctional care in Canada's federal prisons for men. My findings suggest that specific and comprehensive training for correctional staff on trauma-informed, gender-responsive care may assist them in understanding prisoners' behaviours as manifestations of, and coping strategies for, CPT and current trauma, and contribute to the creation of an overall prison environment and correctional culture more conducive to healing and rehabilitation.

The community-prisoner connection is integral to healing. Improving prisoner correctional care by increasing the focus on the community connection as a rehabilitative strategy rather than an offender privilege may contribute to enhanced healing. Encouraging community connection may contribute to the development of strategies to increase community involvement in the lives of prisoners, and to prioritize the creation of community initiatives and support for community member-prisoner relationships. Additionally, prisoners' and community members' stereotypes of each other as "others" inhibits an already strained prisoner-community connection. By increasing community involvement in the lives of prisoners, stereotypes between prisoners and community members may be reduced, enhancing relationship building and community connection, and strengthening community reintegration.

The lived experience of CPT and its psychological and behavioural manifestations as a generator of the criminal trajectory are profound. Preventing child abuse and interrupting the manifestation of its impacts in childhood and youth are critically important. Equally important is interrupting the progression of the criminal trajectory, creating turning points and transitions for the large population of 'missed children' who suffer unresolved CPT and who are now serving time in federal prisons. Understanding the powerful and positive influence of healing CPT as a rehabilitative strategy is encouraging, and community dedication and contribution to the rehabilitative process is inspiring. The recent development of trauma-informed, gender-responsive correctional care provides transitional promise. Participants' statements - like Peter's, "We want to do better, we just don't know how to get there," highlight this promise. Merging understandings in the field of trauma, neuroscience, psychology, psychiatry, and criminology provide strong and clear direction for rehabilitative strategies. While few

participants experienced recovery from CPT, almost all men experienced immense positive growth and development through their experiences of safety, autonomy, and relationships, which was for many participants – like Stanley, finally "stepping right back into character", a character that was stolen in childhood.

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Appendix A. Focus Group Meeting Guide 1

Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting

1. **Welcome & Introductions**
   o My story
   - Details of study; nature & purpose
   - How will study/information be used?
   - Thank & appreciate participants – value of their contributions
   - Times / dates of future focus groups & interviews
   - Process – circle seating, use of name cards, talking piece
   - Review ethics
     o Consent: Review consent form
     o Voluntary nature – withdraw anytime
     o Confidentiality – caution regarding sharing of information; limited confidentiality
     o Anonymity
     o Safeguarding against psychological harm – resources
     o Questions?

2. **Signing of consent forms**

3. **Participant Introductions**
   o "My name is＿＿ and I volunteered to participate because＿＿＿＿"

4. **Guidelines** for circle/focus groups, creating a safe place for discussion
   o Combination of pre-determined guidelines & brainstorm for additional needs
   o Specific inclusion of what prevents open discussion (society gender expectations)

5. **Defining concepts**:
   Safety
   o What does safety mean to you?
   o What are the different types of safety? (eg. emotional, physical, psychological)
   o How do different types of safety apply in different situations?
   o In what ways is safety created by an individual or created by the environment?

   Autonomy (Choice)

   o Autonomy is basically the ability to "self-govern," to make choices for yourself, be independent or empowered. What does having the ability to choose mean to you?
   o How has your ability to make choices over your lifetime changed? (this question refers to "ability" to choose rather than quality of choices)
   o Please fill in the blank…

Societal expectations dictate that men should "be dominant, independent, in charge". How important to you is "independence of choice" as an aspect of being a "man"?

Relatedness/connection
- o In our culture men are taught that relationship is devalued, and independence is a sign of strength and power, yet that boys and men need a sense of belonging. What is the importance of relationships to you?
- o What does "feeling connected" mean to you?
- o How has this changed over (your life)time?

6. **Closing**

- o Summary of session
- o Is there anything I missed?
- o "Of the things we discussed today, what stands out as most relevant or important to me is…"
- o Thank you – reminder of interview dates/times, and next focus group meeting.

Appendix B: Focus Group Meeting Guide 2

The Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting

1. **Welcome**
   a. Summary of week 1 discussion – ethics, issues, psychological harm safeguards
   b. Caution regarding sharing of information; limited confidentiality
   c. Thank all participants for participating in personal interviews
   d. Remind participants of value of their participation and the study in general
   e. Reinforce benefits to participants of interviews & focus groups

2. **Gathering:** "Something I've thought about after our last session is…."

3. "The Mask You Live In" exercise
   a. Debrief and discussion "the mask in prison"

4. Incorporate facts about abuse among boys/men & explanation of societal gender roles & general expectations. Participants will be asked to keep these in mind in today's discussion, and the exercise will focus on the impact of these.

5. **Discussion**
   o How did you experience opportunities for choice during your time in prison?
   o What kinds of opportunities for choice were offered by the system/institution?
   o In what ways were choices difficult to follow through on?
   o What are things that made you feel safe in prison? psychologically, physically
   o What types of choices did you make regarding your safety?
   o What opportunities were available for you to interact with others? (institution staff, 'outside' people)
   o What help was available through the institution to help you with choices?
   o What do you feel could have been done to assist you in making choices?
   o What help was available to help you to interact in a good way with others?
   o What could have helped you to improve connections, either with healthier people, more people, more often…?
   o In what ways did choices in one area (safety, choice, relatedness) impact other areas?

6. **Wrap up and closing**
   o Summary
   o Closing Question

Appendix C: Stage 1 Interview Guide 1

The Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting

Individual Interview Guide

RQ1 **How do prisoners perceive & experience factors of trauma healing, specifically safety, autonomy and relatedness within the prison setting? (focus group)**

RQ2 **How do experiences of one factor intersect and impact experiences of other factors required for healing? (focus group)**

RQ3 **What are the prisoners' experiences of childhood psychological trauma? (interview)**

RQ4 **What is the connection between type of trauma and experience of trauma healing within the prison? (focus group & interview)**

RQ5 **What is the connection between childhood coping skills and the experience of trauma healing during and after prison? (focus group & interview)**

RQ6 **How has gender role impacted the prisoners' experiences of trauma and recovery, particularly during prison? (focus group & interview)**

RQ7 **What are practices within the Correctional Service of Canada experienced by prisoners while incarcerated that contribute to or hinder, intentionally or unintentionally, their trauma healing? (focus group & interview)**

Introduction & gender responsiveness

10 min:

Reiteration of the purpose of the study and particularly the interview, and basic types of questions that will be asked. The participant will be reminded of ethical issues including confidentiality, anonymity, and the voluntary nature of their participation. They will be reminded of their ability to refrain from answering any question and to stop the interview at any time.

Gender responsiveness:

Experiences of abuse and trauma are pervasive in the lives of men and boys. Statistics on experiences of trauma on men & boys in Canada are not well documented, but in the U.S., studies show that over 60% of men have experienced traumatic events throughout their lives. We know that over 80% of violence experienced by children

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occurs in the home, but that largely because of gender role socialization (male code), men/boys tend to under report their abuse. Studies reveal that the prevalence of adult male prisoners having experienced childhood abuse is overwhelming, and that the impacts of childhood trauma on boys and men are broad, including Post Traumatic Stress Disorder (PTSD), anger, aggression, substance abuse, depression, and physical and other mental health issues. This is why it is important to understand not only the childhood trauma itself, but also coping mechanisms and patterns as well as the impact of gender throughout the lifetime and in the prison experience.

The story

- What can you tell me about your personal experience of childhood psychological abuse? (the story – 20 minutes)
- Who were the primary people that harmed you?
- Who do you think was responsible?
- What would healing the trauma look like to you? What does healing mean to you?

About the impact in childhood...

In our society, being "a man" is incompatible with being a victim, acknowledging fear or vulnerability. Typically men are defined in society by strength, courage, toughness, control, and lack of emotion, often creating a need to avoid acknowledging many aspects of the impacts of trauma, or a need to become aggressive. I wonder if you can think of any ways that you felt that being a boy specifically impacted how you dealt with the abuse at the time? During your youth?

Physical Impacts

- How were you affected physically (if not already discussed above)?
    - Broken bones
    - Lack of appetite
    - Headaches
    - Lack of concentration

- Can you recall in your body how, where and when you felt fear? Anxiety?
    - during the abuse?
    - generally?

Psychological Impacts

- Did you find yourself thinking about the abuse/fears when you didn't mean to? When and how did this happen? (example nightmares) *(intrusion)*

- Did you find yourself feeling fearful or anxious at times *other* than when you were experiencing abuse? For example – can you tell me about times you felt fear or anxiety that you could not explain? *(hyperarousal)*
- How did/do gender messages impact your reaction to your own feelings of fear and/or anxiety?

Emotional

- Looking back, in what ways do you feel anger played/plays a role in your life? explain
- Did you find yourself thinking about revenge? How? (examples: Nightmares? Daytime fantasies? "zone out" during events/school)
- How often did these thoughts of revenge occur?
- What does shame mean to you?
- In what ways have you experienced feelings of shame as a result of the trauma?
    - In what ways do you think these feelings of shame were related to your gender?
    - How do you feel that the shame affected your connection to other people?
    - How do you feel that the shame affected your choices and/or decisions over time?

Behavioural

- Can you explain if/how the abuse led you to avoid the following?
    - Places?
    - People and/or relationships?
    - Things?
- Did you find yourself experiencing aggression, bullying others?
- Were there particular places/ways that you felt or made yourself feel powerful and if so, can you explain?
- What are some of the behavioural patterns you experienced over time and how did you experience them? How do you experience them today?
    - Lack of trust?
    - Hypervigilance?
    - Sensitive to loud noises?
    - Sense of self-worth, self-esteem
    - Nightmares?
    - Concentration?
- Some people withdraw, like a turtle into a shell, when they feel strong emotions, while others aggress, like a porcupine, striking others. Still others are in between the two. How would you describe your general pattern of response?

Connection/disconnection

- Was there anyone you felt you could talk to about this? (in childhood, adolescence, in prison?) Who were they, and what can you tell me about those conversations?
    - What do you think it was about them that made you feel comfortable enough to talk to them about this?
- Do you feel that gender plays a role in conversations that you may or may not have had about the abuse?
- How do you feel that gender affected your ability or opportunities to talk about the abuse?

- How do you feel that gender affected the conversations that you did have about the abuse?
- Can you tell me about anyone else that you knew with similar experiences?
- What can you tell me about people who positively impacted your journey of healing from the childhood psychological trauma?

Healing in prison

- What tools were available throughout your incarceration that helped you work through your trauma/abuse?
- What strength(s) do you have because of your experience?
    - How did you use these strengths in your life in prison?
    - How do you use it now as you live in the community?
    - How do you feel it will help you going forward?
- Who are people who have positively impacted your journey through prison, and how?

Appendix D: Stage 1 Interview Guide 2

The Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting

Individual Interview 2 Guide Themes

Theme I: How do/did you feel as a participant?

This phase involves questions that allow the participant to express feelings and emotions experienced during the study. Examples of these include questions such as:
- What was participation in this study like for you?
- What were primary feelings that you experienced during focus groups generally?
- When did you feel free to express your ideas/feelings? When did you feel less comfortable sharing?

Theme 2: What happened?

This phase will collect information regarding specific information about what happened during focus groups. Examples include:

1. What behaviours/processes enabled the group to conduct discussion effectively?
2. Were you able to hear differences in opinion and did participants and researcher respond in caring ways?
3. Did you experience frustration at any point? If so, how did you handle it?
4. Did anyone dominate the group? Explain when, how?

Theme 3: Insights & Wisdom?

This phase will collect information about specific insights gained by participants about themselves or others. Examples include:

1. Was there anything that surprised you? Explain.
2. Did you learn anything about yourself during the study?
3. What did you learn about others in this study?

Theme 4: On reflection…

After having a period of time to reflect on the focus groups, particularly the last focus group, participants will be offered an opportunity to provide any information that they might consider important. Examples include:

1. Is there anything in particular that you have been thinking about since the last focus group?

2. Is there anything that you would like me to know/include in this study that you have not had an opportunity to share, or didn't feel safe to share in the groups?
3. Is there anything about any aspect of the study that you would like to add?

<u>Theme 5: Glad you are asking…</u>

This phase will provide participants with an opportunity to raise any concerns or questions that they may have regarding the study, the manner in which it was conducted, suggestions for future studies, concerns about their personal experience. This phase will also allow participants to obtain any additional information they may want regarding this study. Examples include:

1. Do you have any questions that you would like to ask me regarding this study or your participation?
2. Is there any additional information that you would like regarding the study? Explain?
3. How would you rate your overall experience in this study?

Appendix E: Participant Questionnaire

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<u>**The Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting**</u>

<u>**Participant Questionnaire**</u>

General Information & Instructions

This study is being conducted through Simon Fraser University, School of Criminology, by Colleen Pawlychka, MA, BA(Hons) as Principal Researcher. The research team also includes Dr. Nicole Myers, Assistant Professor, Dr. Sheri Fabian, Senior Lecturer, and Dr. Katherine Rossiter, Adjunct Professor.

You may complete this questionnaire verbally with the principal researcher, or in writing.

Questionnaire completed (check one)

☐ Verbally
☐ In writing

The purpose of this questionnaire is to collect personal information about each study participant.

The questionnaire contains 24 questions relating to ethnicity and demographics, specifically family & personal history, education, employment, marital status, and offence & imprisonment.

Your identity will be kept confidential and will not be provided to any third party without your consent. Only researchers involved in this study will see your responses, and your responses will be kept strictly confidential.

Completion of this questionnaire is entirely voluntary. You are consenting to participate in this portion of the study by completing this questionnaire, and you may withdraw your consent at any time, without consequence, by discontinuing completion of the questionnaire. You should not answer any question that makes you uncomfortable. If you choose to withdraw your consent, please return the questionnaire to the researcher immediately.

The researcher will be present while you are completing the questionnaire. When you are finished, please return the questionnaire directly to the researcher.

Your participation in this study is very important and appreciated. Thank you for your participation.

<u>**FAMILY & PERSONAL HISTORY**</u>

1. When did you move in to _____ House?_____

2. In what month and year were you born?_____
                                                      (month)   (year)

3. Please check the box below to indicate below how many brothers/sisters you have, and their ages:

    ☐ I have no brothers or sisters – proceed to question 4; or
    ☐ I have brothers as indicated below (please fill in the blanks):
        Number of brothers_____

For each brother, please circle whether older or younger, and indicate age difference in years.

Brother 1	older	younger	Age difference_____	years
Brother 2	older	younger	Age difference_____	years
Brother 3	older	younger	Age difference_____	years
Brother 4	older	younger	Age difference_____	years

☐ I have sisters as indicated below (please fill in the blanks):

Number of sisters_____

For each sister, please circle whether older or younger, and indicate age difference in years.

Sister 1	older	younger	Age difference_____	years
Sister 2	older	younger	Age difference_____	years
Sister 3	older	younger	Age difference_____	years
Sister 4	older	younger	Age difference_____	years

4. What city and country were you born in?_____
   a. I was born in Canada. Please proceed to question 5.
   b. I was born outside of Canada (please fill in blank below).
      i. At what age did you move to Canada? _____

5. What ethnic group do you most closely identify with?

   _____

6. During my childhood I lived with: (if more than one applies, please check all boxes that apply and indicate the age range during which they applied)
   ☐ My biological mother and father (from _____to_____)
   ☐ Only my biological mother   (from _____to_____)
   a. My biological father   (from _____to_____)
   b. My biological mother and boyfriend or stepfather
                                     (from _____to_____)
   c. My boilogical father and girlfriend or stepmother
                                     (from _____to_____)
   d. Adoptive parents   (from _____to_____)
   e. Foster parents
         At what age did you begin foster care?_____
         How many foster homes did you live in?_____
   f. Other family members (eg. grandparents)
      i. Please specify_____
   g. Other or combination of the above (please specify)
      _____
      _____
      _____

7. What is/was your mother's occupation?_____

8. What is/was your father's occupation?_____

9. During your childhood, how many times did you move residences? _____

EDUCATION

10. Please indicate what schooling you completed by checking the correct box:
    a. I didn't go to high school
    b. I completed some high school
    c. I completed high school graduate or got my GED (please fill in the blank below)
        i. When and where did you complete GED?_____
    d. I completed some college or technical school
    e. I graduated from college or university
        i. What is your degree/certificate?_____

11. What education did you receive/complete in prison, if any? (Please include all trades training and academic courses including GED)
_____
_____
_____
_____

12. What education/training have you received/completed while in the Community Residential Facility, if any?
_____
_____

13. Were you employed while you were in prison?
☐ Yes; I had the following job(s): (please provide the *positions* you held in prison)
    _____
    _____
    _____
    _____

☐ No.

14. Are you currently employed?
    a. Yes; My job is: (please provide the *position* you hold, i.e. construction worker, sales person)
    _____
    _____
    _____
    b. No.

MARITAL/RELATIONAL STATUS

15. What is your current marital status? (Please check one box)
    a. Married
        i. How long have you been married? (date of marriage?)
    b. Not married but have a partner
        i. Length of partnership?
    c. Widowed
    d. Separated
    e. Divorced
    f. Never married
    g. Other (please explain, e.g. currently married but also divorced from a previous spouse)_____
    _____

16. How many times have you been married? _____

17. a. Do you have any children?
    ☐ No. Please proceed to Question 18.
    ☐ Yes. Sex and ages are indicated below:
      Son   /   Daughter   Age_____
      Son   /   Daughter   Age_____
      Son   /   Daughter   Age_____
      Son   /   Daughter   Age_____

    b. Do you currently have contact with your children?

☐ Yes. Please proceed to Question 18.
☐ No. The last contact I had with my child/children is approximately

_____

(month)   (year)

OFFENCE & IMPRISONMENT

18. What is (are) the offence(s) that you spent more than 10 years in prison for?
_____

19. What was your age at the time of your index offence? _____

20. What was your sentence related to your index offence?
_____

21. What is the actual length of time that you served on that sentence? (years/months)
_____

22. Please provide information below for <u>each</u> prison that you spent time in during that sentence. If you stayed in one prison more than once, include each stay as a separate prison.

    i. **Name of Institution** _____

    Security level _____

    How long were you in this institution? _____ (years/months)

    From (month/year)_____to (month/year)_____

    ii. **Name of Institution** _____

    Security level _____

    How long were you in this institution? _____ (years/months)

    From (month/year)_____to (month/year)_____

    iii. **Name of Institution** _____

    Security level _____

    How long were you in this institution? _____ (years/months)

    From (month/year)_____to (month/year)_____

    iv. **Name of Institution** _____

    Security level _____

    How long were you in this institution? _____ (years/months)

    From (month/year)_____to (month/year)_____

v. **Name of Institution** _____

Security level _____

How long were you in this institution? _____ (years/months)

From (month/year)_____to (month/year)_____

vi. **Name of Institution** _____

Security level _____

How long were you in this institution? _____ (years/months)

From (month/year)_____to (month/year)_____

vii. **Name of Institution** _____

Security level _____

How long were you in this institution? _____ (years/months)

From (month/year)_____to (month/year)_____

viii. **Name of Institution** _____

Security level _____

How long were you in this institution? _____ (years/months)

From (month/year)_____to (month/year)_____

ix. **Name of Institution** _____

Security level _____

How long were you in this institution? _____ (years/months)

From (month/year)_____to (month/year)_____

x. **Name of Institution** _____

Security level _____

How long were you in this institution? _____ (years/months)

From (month/year)_____to (month/year)_____

xi. **Name of Institution** _____

Security level _____

How long were you in this institution? _____ (years/months)

From (month/year)_____to (month/year)_____

xii. **Name of Institution** _____

Security level _____

How long were you in this institution? _____ (years/months)

From (month/year)_____to (month/year)_____

23. Have you spent time in the **Special Handling Unit** (SHU)? If no, please indicate and proceed to question #24. If yes, please provide details by filling in the blanks.
    a. No.
    b. Yes – Please provide details by filling in the blanks below.

How long were you in the **SHU**? _____ (years/months)

From (month/year)_____to (month/year)_____

From (month/year)_____to (month/year)_____

24. Have you spent time in segregation?
  a. No.
  b. If yes, please provide details by filling in the blanks below for EACH stay in segregation.
    Name of institution_____
     i. Number of times in segregation_____
      Length of stay_____
    Name of institution_____
     ii. Number of times in segregation_____
      Length of stay_____
    Name of institution_____
     iii. Number of times in segregation_____
      Length of stay_____

Thank you for your participation in this study, and for completing this questionnaire.

Your contribution is very important!

Please return this questionnaire to the researcher.

Appendix F: Stage 2 Individual Interview Guide 1

<u>The Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting</u>

<u>Individual Interview 1 Guide</u>

RQ1   How do prisoners perceive & experience safety, autonomy and relatedness within the prison setting? (Interview 1)

RQ2   How do experiences of one factor intersect and impact experiences of other factors required for healing? (Interview 1, 3)

RQ3   What are the prisoners' experiences of childhood psychological trauma? (Interview 2)

RQ4   What is the connection between type of trauma and experience of trauma healing within the prison? (Interview 1, 2, 3)

RQ5   What is the connection between childhood coping skills and the experience of trauma healing during and after prison? (Interview 2, 3)

RQ6   How has gender role impacted the prisoners' experiences of trauma and recovery, particularly during prison? (Interview 1, 2, 3)

RQ7   What are practices within the Correctional Service of Canada experienced by prisoners while incarcerated that contribute to or hinder, intentionally or unintentionally, their trauma healing?

1. Welcome, introduction (my story)
   - Process: Ethics /consent, demographic questionnaire, prison experience

2. Ethics Information/Consent:
   a. Voluntary nature, withdraw anytime
   b. Confidentiality – caution regarding sharing of information; limited confidentiality
   c. Anonymity
   d. Safeguarding against psychological harm – resources
   e. Consent to audio-record
   f. Questions & signing consent form

3. Demographic questionnaire (15 min)
   - Complete verbally with participant

4. Prison:
   - Safety means different things to different people.

- o Can you share with me examples of places where you have felt safe? (In prison? different prisons?)
- o Are there different kinds of safety to you? What comes to mind when I ask you about safety? (emotional? Physical? Relationship? Trust?)
- o What activities do you feel safe doing?
- o What is involved in making yourself feel safe?
- o Who are 3 'safe people' in your life?
- o Places where you felt unsafe?
- o What was the difference between safe and unsafe places?
- o Specific things that you did to increase your feeling of safety?
- o Things that you felt you had to do or that were done to you in prison that reduced your feelings of safety?
- o Can you bring to Interview 2 a picture, drawing, quote, poem, story that somehow describes safety to you?

- Relationship
  - o In our culture men are taught that relationship is not valued, and that independence is a sign of strength and power, yet boys and men need a sense of belonging. How are relationships important to you?
  - o What does feeling 'connected' mean to you?
  - o How have they given you a sense of belonging?
  - o What relationships inside prison have been significant (positive or negative) to you? explain
  - o What relationships outside prison have been significant (positive or negative) to you? Explain
  - o How did coming to prison affect your outside relationships? How does it affect them today?

- Making choices often allows us to feel independent of empowered. What does ability to choose mean to you?
  - o How did you experience opportunities for choice during your time in prison?
  - o What kinds of opportunities for choice were offered by the system/institution?
  - o What choices helped you cope in prison? In what ways were choices hard to follow through on?
  - o What help was available through the institution to help you make positive choices?
  - o What help was available to help you interact with others in a good way?
  - o How did choices that you made regarding safety affect relationships in prison?
  - o Relationships outside of prison?
  - o What choices would you say were significant / important choices for you in prison?

- o How did choices that you made regarding relationships affect safety?
- Being safe, being to make choices, and having relationships are all important. In what ways did choices in one area (safety choice, relationships) impact other areas?

Appendix G: Stage 2 Individual Interview Guide 2

The Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting

Individual Interview 2 Guide

Introduction & gender responsiveness

10 min:

Reiteration of the purpose of the study and particularly the interview, and basic types of questions that will be asked. The participant will be reminded of ethical issues including confidentiality, anonymity, and the voluntary nature of their participation. They will be reminded of their ability to refrain from answering any question and to stop the interview at any time.

Gender responsiveness:

Experiences of abuse and trauma are pervasive in the lives of men and boys. Statistics on experiences of trauma on men & boys in Canada are not well documented, but in the U.S., studies show that over 60% of men have experienced traumatic events throughout their lives. We know that over 80% of violence experienced by children occurs in the home, but that largely because of gender role socialization (male code), men/boys tend to under report their abuse. Studies reveal that the prevalence of adult male prisoners having experienced childhood abuse is overwhelming, and that the impacts of childhood trauma on boys and men are broad, including Post Traumatic Stress Disorder (PTSD), anger, aggression, substance abuse, depression, and physical and other mental health issues. This is why it is important to understand not only the childhood trauma itself, but also coping mechanisms and patterns as well as the impact of gender throughout the lifetime and in the prison experience.

The story

1. What can you tell me about your personal experience of childhood psychological abuse? (the story – 20 minutes)
- Who were the primary people that harmed you?
- Who do you think was responsible?
- What would healing the trauma look like to you? What does healing mean to you?

About the impact in childhood...

In our society, being "a man" is incompatible with being a victim, acknowledging fear or vulnerability. Typically men are defined in society by strength, courage, toughness, control, and lack of emotion, often creating a need to avoid acknowledging many aspects of the impacts of trauma, or a need to become aggressive. I wonder if you can think of any ways that you felt that being a boy

specifically impacted how you dealt with the abuse at the time? During your youth?

Physical Impacts

- How were you affected physically (if not already discussed above)?
    - Broken bones
    - Lack of appetite
    - Headaches
    - Lack of concentration

- Can you recall in your body how, where and when you felt fear? Anxiety?
    - during the abuse?
    - generally?

Psychological Impacts

- Did you find yourself thinking about the abuse/fears when you didn't mean to? When and how did this happen? (example nightmares) *(intrusion)*

- Did you find yourself feeling fearful or anxious at times *other* than when you were experiencing abuse? For example – can you tell me about times you felt fear or anxiety that you could not explain? *(hyperarousal)*

- How did/do gender messages impact your reaction to your own feelings of fear and/or anxiety?

Emotional

- Looking back, in what ways do you feel anger played/plays a role in your life? explain
- Did you find yourself thinking about revenge? How? (examples: Nightmares? Daytime fantasies? "zone out" during events/school)
- How often did these thoughts of revenge occur?
- What does shame mean to you?
- In what ways have you experienced feelings of shame as a result of the trauma?
    - In what ways do you think these feelings of shame were related to your gender?
    - How do you feel that the shame affected your connection to other people?
    - How do you feel that the shame affected your choices and/or decisions over time?

Behavioural

- Can you explain if/how the abuse led you to avoid the following?
    - Places?
    - People and/or relationships?

- o Things?
- Did you find yourself experiencing aggression, bullying others?
- Were there particular places/ways that you felt or made yourself feel powerful and if so, can you explain?
- What are some of the behavioural patterns you experienced over time and how did you experience them? How do you experience them today?
  - o Lack of trust?
  - o Hypervigilance?
  - o Sensitive to loud noises?
  - o Sense of self-worth, self-esteem
  - o Nightmares?
  - o Concentration?

- Some people withdraw, like a turtle into a shell, when they feel strong emotions, while others aggress, like a porcupine, striking others. Still others are in between the two. How would you describe your general pattern of response?

Connection/disconnection

- Was there anyone you felt you could talk to about this? (in childhood, adolescence, in prison?) Who were they, and what can you tell me about those conversations?
  - o What do you think it was about them that made you feel comfortable enough to talk to them about this?
- How many prisoners would you say that have experienced CPT of some kind?
- Do you feel that gender plays a role in conversations that you may or may not have had about the abuse?
- How do you feel that gender affected your ability or opportunities to talk about the abuse?
- How do you feel that gender affected the conversations that you did have about the abuse?
- Can you tell me about anyone else that you knew with similar experiences?
- What can you tell me about people who positively impacted your journey of healing from the childhood psychological trauma?

Healing in prison

- What can you tell me about people or events that negatively impacted, prevented or delayed your ability to heal from CPT throughout prison and/or reintegration?
- What tools were available throughout your incarceration that helped you work through your trauma/abuse?
- What strength(s) do you have because of your experience?
  - o How did you use these strengths in your life in prison?
  - o How do you use it now as you live in the community?
  - o How do you feel it will help you going forward?

- Who are people who have positively impacted your journey through prison, and how?

Appendix H: Stage 2 Individual Interview Guide 3

The Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting

Individual Interview 3 Guide

1. Summary of topics discussed so far;
    *   Caution regarding sharing of information; limited confidentiality;
    *   Remind participants of the value of their participation and the study in general.

2. Something that I have thought about since we last met is:_____

3. I corporate facts about abuse among boys/men and explanation of social gender roles and general expectations in society and in prison. Keep in mind…

4. "The Mask You Live In" exercise
    *   How do these ways of presenting yourself impact your safety throughout prison? during reintegration?
    *   How do they impact relationships? Choices?
    *   How have you changed the way you handle these things now that you have experienced healing from childhood trauma?

5. Prison:
    *   What could be improved to allow for more choices in prison?
    *   …to allow for more or healthier relationships? Connections? (inside and outside)

6. If you had one minute to talk about any aspect of prison that helped you in your healing from the impacts of CPT, and you think it might help others, what would that be, and why?

7. If you had one minute to talk about any aspect of prison that made it particularly difficult to heal from the impacts of CPT, that you think CSC should know to help others, what would it be?

8. If you were to give advice to students / future correctional staff, Corrections Canada officials, in dealing with prisoners who have experienced CPT, what would it be?

Wrap up: Summary of the research:

1. **Theme: How do/did you feel as a participant? This phase will involve questions that ask the participant to express feelings and emotions experienced during the interviews. Examples include:**
    *   What was participation in this study like for you?

- What were primary feelings you experienced during the interviews?
- Did you feel free to express your feelings & thoughts? When did you feel more/less comfortable sharing?

2. **Theme: What happened? This phase will involve questions about what happened during the interviews:**
   - Did you share everything you wanted to share during the interviews?
   - In general, did the researcher allow sufficient time/space for you to think about the questions and answer them completely?

3. **Theme: Insights & Wisdom? This phase will collect information about insights gained by participants about themselves:**
   - Was there anything that surprised you?
   - Did you learn anything about yourself during the study?

4. **Theme 4: On reflection… Participants will be offered an opportunity to provide any additional information that they might consider important:**
   - Is there anything that you would like me to know/include in this study that you have not had an opportunity to share in the interviews?
   - Is there anything about any aspect of the study that you would like to add?
   - Are there any thoughts you would like to leave with me before leaving today?

5. **Glad you are asking… This phase will provide participants with opportunity to raise any concerns, provide suggestions and express concerns about their experience.**
   - Do you have any questions you would like to ask me regarding this study or your participation?
   - Is there any additional information you would like regarding the study?
   - How would you rate your overall experience in this study?

6. **Thank you, provision of Certificate of Participation and gift certificate**

Appendix I: Stage 2 Recruitment Poster

Interview Series – Recruitment Poster

SIMON FRASER UNIVERSITY
ENGAGING THE WORLD

Simon Fraser University
School of Criminology
8888 University Drive
Burnaby, BC
V5A 1S6

Your voice matters: Your experience can make a difference!

- Are you an adult, male, former federal prisoner?
- Did you serve 10 years or more in a federal institution?
- Did you experience violence and/or abuse in childhood?

If YES, you are invited to participate in a University study about the experience of childhood abuse and trauma and former prisoners' experiences of coping throughout the prison experience.

What am I required to do?

The study involves three audio-recorded, semi-structured interviews, conducted in person or on skype. Each interview will last approximately 1 ½ - 2 hours. Your participation is voluntary. Interviews will be scheduled according to your convenience, and you are free to refuse to answer any question or stop the interviews at any time. If you choose to withdraw before completion of three interviews, information you have already shared will be destroyed immediately and will not form part of the data reported. Your identity will be kept confidential in all reports and pseudonyms will be used to protect your anonymity.

You do not need to talk about specific details of the abuse you experienced in childhood, nor will you be required to talk about specific details of your offence.

Will my contribution be confirmed? Will my CSC files be required?

No. This study relies on your perceptions and the information and experiences you share. CSC is not involved in this study, will not be contacted and your files will not be accessed.

What are the benefits of this study?

One of the goals of this study is to use information gathered to understand and improve the experience and lives of adult, male, federal prisoners in the future, particularly those who experienced childhood psychological violence and trauma.

How will I benefit?

Sharing one's experiences has been shown to be rewarding and therapeutic, and contributing to the improvement of lives of future prisoners may provide a sense of purpose. It is also anticipated that learning potential factors that help to heal childhood trauma in male prisoners will help improve correctional policies.

Thank you

As a special thank you, participants completing all three interviews will receive a Tim Horton's gift certificate (Value $10.00) and a Certificate of Participation in recognition of their contribution to this university study.

How do I volunteer?

Contact Colleen at email.ca or phone xxxxxxxxxx.

Simon Fraser University School of Criminology
PhD Candidate

Appendix J: Consent Form - Stage 1

The Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting

CONSENT FORM FOR CRF PARTICIPANTS – STAGE I

PRINCIPAL INVESTIGATOR

Colleen Pawlychka, MA, BA(Hons),
School of Criminology, Simon Fraser University
Email: [...]@sfu.ca

PURPOSE OF THE STUDY

The purpose of this study is (a) to understand the experiences of childhood psychological trauma in adult, male, federal prisoners; (b) to understand the experience of healing childhood psychological trauma in adult, male, federal prisoners during their incarceration and during re-entry into the community, from their perspectives; (c) to learn about prison experiences as well as correctional practices that may help or prevent healing.

PARTICIPANT INVOLVEMENT

You are invited to participate in 3 focus groups and 2 face to face interviews, to be conducted by the Principal Investigator. All participants will participate in 3 focus groups and 2 interviews. All focus groups for Elliott House participants and interviews for all participants will take place in the meeting room at the Community Residential Facility where you live (Elliott House or Hobden House). Focus groups for Hobden House participants will take place in a meeting room at Simon Fraser University, Surrey Campus Library. The study will take place over an 8-week period, as follows:

Week 1:   Focus Group Meeting #1
Week 3:   Individual Interview
Week 5:   Focus Group Meeting #2
Week 7:   Focus Group Meeting #3
Week 8:   Individual Interview

The first interview will last about 2 hours. The purpose of this interview will be to understand the impact of your personal childhood trauma experiences, coping strategies and experiences prior to incarceration. All information shared in individual interviews will remain confidential and will not be discussed in focus groups.

The purpose of focus groups will be to discuss your specific experiences in prison which impacted healing, rehabilitation and positive learning.

The second interview will last about 60 minutes. The purpose of this interview will be to give you a chance to ask any questions you may have regarding the focus groups, interview and the study itself, and for you to expand on any information that you feel is important after having had time to reflect on what you experienced by participating in this study.

YOUR PARTICIPATION IS VOLUNTARY

Your participation in this study is voluntary at all times. You have the right to refuse to participate. If you decide to participate, you may still choose to withdraw from the study at any time without any negative consequences to you or any educational, employment or other services to which you are entitled or are presently receiving. If you choose to withdraw after participating in a portion of the study, information which you have already shared will be destroyed immediately and will not form part of the data analysed or reported.

RISKS OF THIS STUDY

Many questions will be asked during personal interviews and/or during focus groups. If you feel that any of these are too personal, upsetting or too difficult to answer, you may choose not to answer these. You can, "pass" on any question that you do not feel comfortable answering, but still choose to stay in the study. You should share as much, or as little, as you feel comfortable sharing, at all times. You may also take breaks at any time during the interview, or stop the interview at any time.

Questions about your personal childhood experiences will be asked only during individual interviews. You will be provided with an opportunity to share your personal childhood trauma experience, and will be asked about various impacts of that trauma, but you will not be required to provide specific details of the abuse. Information shared during those interviews will *not* be shared in focus group, and you will not be asked to speak about your personal childhood trauma during focus groups (although you may choose to do so if you wish).

In the event that you do become upset or anxious during the interview, the Principal Investigator will encourage you to take a break or to stop the interview. At the beginning of the study you will be encouraged to arrange for a personal support person that you trust, with whom you may talk about the study, should the need arise.

You will also be offered information about community based services that provide specialized support to men who have experienced incarceration and trauma.

There are no other known risks to you for participating in this study.

BENEFITS OF THIS STUDY

Information gathered from the study may help our understanding of factors within the prison setting that contribute to healing of underlying psychological trauma. Specifically, one of the goals is that information from this study will be used to improve the experience and lives of incarcerated individuals in the future, particularly those who previously experienced childhood psychological trauma. In doing so, rehabilitation and

reintegration of individuals having experienced childhood trauma may be enhanced. No one knows whether or not you will personally benefit from this study. There may or may not be direct benefits to you from taking part in this study.

STATEMENT OF CONFIDENTIALITY

Confidentiality will be maintained to the full extent of the law (see below) regarding your interview data. Because data gathering will be done individually as well as in groups, only limited confidentiality can be offered to you. All participants will be requested to maintain confidentiality of topics discussed in focus groups however the Principal Investigator cannot promise or guarantee this. Anonymity cannot be promised due to the visibility of entering, participating in and exiting focus groups, and because the Principal Investigator will be able to link your identity to the data.

Your identity will be protected by the Principal Investigator, however, and no information revealing your identity will be disclosed or published in any reports of the study. Interviews and focus groups will be digitally recorded on a password protected voice recorder and the digital files will be erased after they are transcribed and verified for accuracy. All focus group and interview transcripts will be coded with pseudonyms and only the researcher team will have access to the data. Pseudonyms will be used in all study reports and information sharing. Electronic documents will be encrypted and protected with passwords known only to the researcher.

Legal limits to confidentiality: Please note that if, at any point in the study, you reveal that there has been an incident that involves abuse and/or neglect of a child or (or that there is a risk of this occurring) the researcher must, by law, report this information to the Ministry of Children and Family Development, who may choose to intervene and report the incident to the appropriate authorities. Specifically, If I have reason to believe that a child needs protection under Section 13 and 14 of the *Child, Family & Community Service Act,* the matter will be reported to the Ministry of Children and Family Development.

INFORMATION ABOUT THE STUDY AND STUDY RESULTS

The Principal Investigator is a doctoral student in the School of Criminology at Simon Fraser University, and the research is being conducted as part of a doctoral degree program. The results of this study will be reported in a PhD Dissertation. Main study findings may also be published in academic journal articles and books and presented at academic conferences. It may also be used for educational purposes and policy recommendations. The research has been approved by the Research Ethics Board at Simon Fraser University, and by John Howard Society of the Lower Mainland of BC.

If you have any questions about the study, or results of the study, you may contact the Principal Investigator, Colleen Pawlychka (cpawlych@sfu.ca). You may also contact the Researcher's Supervisors, Dr. Nicole Myers (778-782-9943) or Dr. Sheri Fabian (778-782-8136), or the Director of the School of Criminology, Dr. Neil Boyd (778-782-4305).

CONCERNS AND COMPLAINTS ABOUT THE STUDY

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, you may contact:

Dr. Jeff Toward   Office of Research Ethics,   Tel: 778-782-6593
                     Simon Fraser University   Email: jtoward@sfu.ca

REMUNERATION

All participants will receive a Tim Horton's gift certificate (Value $10.00) and a Certificate of Participation in recognition of their contribution to the study.

CONSENT

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any negative impact on you, your employment, your access to residential living, and services available to you.

- **Your signature below indicates that you received a copy of this consent form for your own records.**
- **Your signature indicates that you consent to participate in this study.**

I wish to receive a copy of my interview transcript for review, and a copy of the Executive Summary when the study is complete (circle one)

          Yes   No
          .
Email / Post:

_____

_____

_____ _____
Signature of Participant   Date (yyyy/mm/dd)

_____

Name of Participant signing above

Appendix K: Consent Form - Stage 2

SFU SIMON FRASER UNIVERSITY
ENGAGING THE WORLD

The Prison Experience from the Prisoners' Perspectives: Trauma Healing within the Correctional Setting

CONSENT FORM FOR PARTICIPANTS – STAGE II

PRINCIPAL INVESTIGATOR

Colleen Pawlychka, MA, BA(Hons),
School of Criminology, Simon Fraser University
Email: [...]@sfu.ca

PURPOSE OF THE STUDY

The purpose of this study is (a) to understand the experiences of childhood psychological trauma in adult, male, federal prisoners; (b) to understand the experience of healing childhood psychological trauma in adult, male, federal prisoners during their incarceration and during re-entry into the community, from their perspectives; (c) to learn about prison experiences as well as correctional practices that may help or prevent healing.

PARTICIPANT INVOLVEMENT

You are invited to participate in a series of 3 face to face interviews, to be conducted by the Principal Investigator. All participants will participate in 3 interviews, held approximately one week apart. All interviews will take place in a private meeting room at SFU Burnaby or Surrey Campus, at a private meeting room provided by their CRF, on Skype, or at a mutually agreed public location. Each interview will last about 1 ½ - 2 hours.

The purpose of the interviews will be to provide you with information about the study, to obtain demographic information, to understand the impact of your personal childhood trauma experiences, coping strategies and experiences prior to incarceration and to discuss your specific experiences during prison and reintegration which impacted healing, rehabilitation and positive learning. You will also be provided an opportunity to ask any questions you may have regarding the study itself, and to expand on information provided after having had time to reflect on what you experienced by participating in the study, during the second and third interviews.

YOUR PARTICIPATION IS VOLUNTARY

Your participation in this study is voluntary at all times. You have the right to refuse to participate. If you decide to participate, you may still choose to withdraw from the study at any time without any negative consequences to you or any educational, employment or other services to which you are entitled or are presently receiving. If you choose to withdraw after participating in a portion of the study, information which you have already shared will be destroyed immediately and will not form part of the data analysed or reported.

RISKS OF THIS STUDY

Many questions will be asked during personal interviews. If you feel that any of these are too personal, upsetting or too difficult to answer, you may choose not to answer these. You can, "pass" on any question that you do not feel comfortable answering, but still choose to stay in the study. You should share as much, or as little, as you feel comfortable sharing, at all times. You may also take breaks at any time during the interview, or stop the interview at any time.

You will be provided with an opportunity to share your personal childhood trauma experience, and will be asked about various impacts of that trauma, but you will not be required to provide specific details of the abuse.

In the event that you do become upset or anxious during the interview, the Principal Investigator will encourage you to take a break or to stop the interview. At the beginning of the study you will be encouraged to arrange for a personal support person that you trust, with whom you may talk about the study, should the need arise.

You will also be offered information about community based services that provide specialized support to men who have experienced incarceration and trauma.

There are no other known risks to you for participating in this study.

BENEFITS OF THIS STUDY

Information gathered from the study may help our understanding of factors within the prison setting that contribute to healing of underlying psychological trauma. Specifically, one of the goals is that information from this study will be used to improve the experience and lives of incarcerated individuals in the future, particularly those who previously experienced childhood psychological trauma. In doing so, rehabilitation and reintegration of individuals having experienced childhood trauma may be enhanced. No one knows whether or not you will personally benefit from this study. There may or may not be direct benefits to you from taking part in this study.

STATEMENT OF CONFIDENTIALITY

Confidentiality will be maintained to the full extent of the law (see below). Your identity will be protected by the Principal Investigator and no information revealing your identity will be disclosed or published in any reports of the study. Interviews will be digitally recorded on a password protected voice recorder and the digital files will be erased after they are transcribed and verified for accuracy. Computer IP address will not be recorded for interviews held through Skype session. All interview transcripts will be

coded with pseudonyms and only the researcher team will have access to the data. Pseudonyms will be used in all study reports and information sharing. Electronic documents will be encrypted and protected with passwords known only to the researcher.

Legal limits to confidentiality: Please note that if, at any point in the study, you reveal that there has been an incident that involves abuse and/or neglect of a child or (or that there is a risk of this occurring) the researcher must, by law, report this information to the Ministry of Children and Family Development, who may choose to intervene and report the incident to the appropriate authorities. Specifically, If I have reason to believe that a child needs protection under Section 13 and 14 of the *Child, Family & Community Service Act,* the matter will be reported to the Ministry of Children and Family Development.

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The Principal Investigator is a doctoral student in the School of Criminology at Simon Fraser University, and the research is being conducted as part of a doctoral degree program. The results of this study will be reported in a PhD Dissertation. Main study findings may also be published in academic journal articles and books and presented at academic conferences. It may also be used for educational purposes and policy recommendations. The research has been approved by the Research Ethics Board at Simon Fraser University, and is supported by The John Howard Society of the Lower Mainland of BC and The British Columbia Borstal Association.

If you have any questions about the study, or results of the study, you may contact the Principal Investigator, Colleen Pawlychka (cpawlych@sfu.ca). You may also contact the Researcher's Supervisors, Dr. Nicole Myers (778-782-9943) or Dr. Sheri Fabian (778-782-8136), or the Director of the School of Criminology, Dr. Neil Boyd (778-782-4305).

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Dr. Jeff Toward   Office of Research Ethics,   Tel: 778-782-6593
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CONSENT

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- **Your signature below indicates that you received a copy of this consent form for your own records.**
- **Your signature indicates that you consent to participate in this study.**

I wish to receive a copy of my interview transcript for review, and a copy of the Executive Summary when the study is complete (circle one)

    Yes   No

.
Email / Post:
_____
_____
_____ _____
Signature of Participant   Date (yyyy/mm/dd)

_____
  Name of Participant signing above

Appendix L: Prisons Included

Region	Institution	Security Level
Atlantic	Atlantic Institution	Maximum
--	Dorchester Institution	Medium
--	Springhill Institution	Medium
Quebec	Donnaconna	Maximum
--	Archambault Institution	Medium
--	La Macaza Institution	Medium
--	Laclerc Institution (closed)	Medium
--	Drummond Institution	Medium
--	Federal Training Center (FTC) Laval	Minimum
--	Special Handling Unit – St. Anne des Plaines	SHU
Ontario	Milhaven Institution	Maximum
--	Collins Bay Institution	Maximum/Medium
--	Beaver Creek Institution	Medium
--	Frontenac Institution	Minimum
--	Joyceville Institution	Medium / Minimum
--	Pittsburg Institution	Minimum
--	Warkworth Institution	Medium
--	Bath Institution	Medium
--	Kingston Penitentiary (Closed in 2013)	Maximum
Prairie	Saskatchewan Penitentiary	Medium
--	Stony Mountain Institution	Medium
--	Edmonton Institution	Maximum
Pacific	BC Penitentiary (closed in 1980)	Maximum
--	Pacific Institution	Multi-level
--	Kent Institution	Maximum
--	Matsqui	Medium
--	Mountain	Medium
--	Mission Medium Institution (formerly Mission Inst.)	Medium
--	Mission Minimum Inst. (formerly Ferndale Inst.)	Minimum
--	William Head Institution (formerly medium, previously minimum)	Minimum
--	Kwikwexwelhp Healing Lodge (formerly Elbow Lake Inst.)	Minimum