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Special edition: Trauma and
Psychotherapy in Prisons

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The Editorial Board wishes to make clear that the views expressed by contributors are their own and do not necessarily reflect the official views or policies of the Prison Service.

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Editorial Comment

This special edition of Prison Service Journal focusses on the issues of trauma and psychotherapy in prisons. The edition is a collaboration between editor, Dr. Jamie Bennett, Matt Wotton, a former senior civil servant and now a qualified psychotherapist, and Dr. Roger Grimshaw, Research Director at the Centre for Crime and Justice Studies.

Trauma is a term that is widely used but in psychotherapy has a particular and specific meaning. While definitions vary, that used by The British Association for Counselling and Psychotherapy is:

*'Emotional and psychological trauma result from stressful events that you experience or witness that crush your sense of security and may make you feel helpless and vulnerable. Trauma can be caused by a one-off event, such as a bad accident, a natural disaster or a violent attack, or from more prolonged or sustained violence or abuse over many years'*¹.

People in prison have often been exposed to traumatic experiences. In her article in this edition, Dr. Alexandria Bradley, from Leeds Beckett University, includes figures that suggest 53 per cent of women prisoners and 27 per cent of men were abused as a child, and that 32 per cent of women and 43 per cent of men in prison experienced 'educational trauma' such as permanent exclusion. While Matt Wotton, in his article on the potential of psychotherapies in prisons, discusses the various estimates of mental ill health in the prison population, and concludes that mental illness is so pervasive that it is 'the defining characteristic of the prison population'. This could be further exacerbated in the context of the coronavirus pandemic. The former Chief Inspector of Prisons, Peter Clarke, argued that the restrictions on regimes, isolation, anxieties about health, separation from loved ones and uncertainty about the future are causing 'irreparable damage' to the mental health of people in prisons².

Given the identification of such stark needs within the prison population, this edition turns to potential solutions, or at least possible approaches to help to ameliorate distress, promote wellbeing and offer opportunities for personal change. What underpins the approaches discussed in this edition is the broad practices of psychotherapy. The UK Council for Psychotherapy (UKCP) describes that these approaches: 'are sometimes called 'talking therapies'. For the most part, this is because they involve talking about an emotional difficulty with a trained therapist. That might be anything from grief to anxiety, relationship difficulties to addiction'³. UKCP goes

on to state that: 'Our psychotherapists and psychotherapeutic counsellors are trained to help you express your thoughts and feelings and explore what comes up when you do. They listen and provide a non-judgmental space so you can feel heard and understood'.

Such simplistic definitions are useful for the lay person to broadly understand the field and practices, but as the contributors to this edition show, there are a variety of approaches and there is a depth to psychotherapy that is glossed over in broad brush definitions. In this edition, an interview with eminent psychiatrist Felicity de Zulueta reveals how practice draws upon personal experience, attuned emotional intelligence and complex clinical, social and moral theory. There is both a science and an art to being an effective psychotherapist.

So what is or what should be available in prisons? Dr Alexandria Bradley offers a rigorous and erudite discussion of 'trauma-informed practice'. This is an attempt to develop an integrated approach encompassing effective screening, staff training, development of policies and practices. Properly implemented, trauma-informed approaches have had positive effects for those who live and work in institutions. Yet, Bradley rightly describes that there is a risk that such innovations are only embraced superficially, with the outcome that: 'The over-use of terminology and under-use of appropriate trauma-informed implementation strategies has resulted in haphazard applications'. The launch of a 'Working with Trauma Quality Mark', by Bradley and the charity One Small Thing, is a positive development, offering a more systematic and externally assessed approach to nurture meaningful trauma-informed practice.

A long standing beacon of psychotherapy in prisons are the democratic therapeutic communities (TC) at HMP Grendon. These have operated for almost sixty years, offering an in depth and effective approach with men who have committed serious offences. In this edition, Richard Shuker, the Head of Clinical Services, who has worked at Grendon for over 20 years, describes the work of Grendon and its relevance to men who have experienced trauma. Shuker describes that Grendon adopts a 'social milieu' approach, in which psychotherapy groups do not run in isolation, but are delivered in a wider context where: 'the way in which social arrangements promote relationships, responsibility and accountability are central to the clinical process'. Shuker pushes further, attempting to draw out specific practices that are a feature of the therapeutic work at Grendon, and could equally be applied in other prisons. Shuker concludes that

1. See <https://www.bacp.co.uk/about-therapy/what-therapy-can-help-with/trauma/>

2. See <https://www.theguardian.com/society/2020/oct/20/covid-prisoner-mental-health-at-risk-of-irreparable-damage>

3. See <https://www.psychotherapy.org.uk/seeking-therapy/what-is-psychotherapy/>

in relation to therapeutic approaches: 'It is evident that their principles have broader relevance beyond the small number of prisons which run as TCs'.

In his impassioned article, Matt Wotton presents: 'both an indictment and a call to action'. He is critical of prisons as places where opportunities to help damaged and dangerous people change are overlooked, and where psychological change is increasingly marginalised as an aspect of the core purpose of imprisonment. Instead, he suggests that greater access to psychotherapy offers a more promising approach that could reduce distress, violence and reoffending. Wotton does not shy away from the difficult issues this raises. Adopting such an approach requires investment. Therapy doesn't come cheaply. Nor does it come easily as a greater focus on therapy would require a shift in the professional power in prisons and the organisational culture. Further, Wotton argues that a shift in public values is required. In particular, he argues that we need to confront the fallacy that therapy is indulgent: 'Therapy is not about being nice to criminals'. Effective therapy is painful and challenging. Wotton argues that the evidence is that the needs exist within the prison population and action is necessary.

As well as a mode of intervention, psychotherapy can be a way of researching and illuminating the lives of people in prison. Dr. Roger Grimshaw's article describes the approach adopted in his 2011 study 'My Story', 'a project which asked a number of young people convicted of grave crimes, now adults, to recount their childhoods not to satisfy curiosity, but instead to shed light on the trauma and violence that disfigured their early lives'. The research methodology and the final report were deeply human documents that attempted to ethically and sensitively enable people to share their own life experiences. This was not done to sensationalise their lives but instead allowed these young people a window out to the world so that they could tell their own story in their own way, and offered the wider community (public, policy makers, practitioners, legislators) a glimpse into the realities of their worlds. The research was conducted in a way that supported and enabled individuals but also challenged conventional assumptions: 'questions emerge about how society and its institutions recognise symptoms of trauma and respond to its manifestations; more critically, the implications of the research strongly contest regimes of denunciation, disempowerment, and isolation of the immature and traumatised'.

There are gaps in this edition, which it is important to acknowledge in this introduction. Psychotherapy has been criticised from a cultural perspective. Black men are more likely to be the subject of secure mental health detention and this disproportionality has led to questions about misdiagnosis and allocation to inappropriate services⁴. This may reflect a range of issues around

unconscious, structural and institutional discrimination, manifested not only in the design of systems and clinical tools, but also in the micro-practices of therapist-client relations. Even a successful institution such as HMP Grendon has had to be open to uncomfortable challenge about its culture in order to become more open and inclusive⁵. There have also been criticisms of psychotherapy from a range of perspectives, popularized by Jeffrey Moussaieff Masson's book *Against Therapy*⁶. Faith in prison-based interventions has been shaken, in particular by the evaluation of the Sex Offender Treatment Programme⁷, which showed little or no impact on re-offending. There is, however, a well-established evidence base for the effectiveness of psychotherapy in a range of settings. Therapy has also been criticised on cultural grounds that by focussing on individuals, psychotherapy ignores the wider cultural causes of trauma (such as racism, gendered violence, inequality) and seeks to place responsibility on individuals rather than the wider social structures that generate harm. There are also political and economic arguments that psychotherapy has become an industry generating significant profits and power for elite individuals and groups.

It is important to acknowledge these critical perspectives and to recognise that they are important in psychiatric discourse. In this edition we nevertheless adopt a broad perspective that there is value to be found in understanding the extent of trauma amongst people in prison and in adopting psychotherapeutic approaches in an attempt to ameliorate harm and promote well-being. We further believe that by viewing prisons through a psychotherapeutic lens, it offers potential to humanise people in prisons, by recognising the painful and damaging experiences that many have survived.

Psychotherapy has the potential not only to benefit individuals but also to nurture a more inclusive society. If society constitutes a violent and harmful environment for so many individuals, it becomes more and more important to consider how to build more positive and responsive pathways of trauma prevention and recovery; such a vision also means looking critically at what our justice system fails to address. Otherwise we may continue to be faced with mountains of unresolved trauma in prisons that are not fully equipped to reduce or contain them.

We hope that this edition will be a valuable resource for people living and working in prisons, policy makers and others with an interest in the field. Our aim is to encourage greater awareness and understanding, and also to support those taking positive action. Together, the contributions in this edition argue that the essence of prisons should not be solely punishment and pain, but instead may be found in recognising trauma and the potential for healing.

4. King, C. (2019). *Race, mental health, and the research gap*. In *The Lancet Psychiatry*. Vol. 6 p.367-8

5. Bennett, J. (2013). *Race and power: The potential and limitations of prison-based democratic therapeutic communities*. In *Race and Justice*, 3(2), 130-143.

6. Masson, J. (1988) *Against therapy: Emotional tyranny and the myth of psychological healing*. New York: Atheneum.

7. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/623876/sotp-report-web-.pdf

Viewing Her Majesty's Prison Service through a Trauma-Informed Lens

Dr Alexandria Bradley is a Lecturer at Leeds Beckett University.

Introduction

The behavioural manifestations of trauma can be complex, challenging and emotionally demanding for prison staff. Due to the prevalence and pervasiveness of trauma within Her Majesty's Prison Service (HMPS), it is important to view the experience of individuals in prison and those that work in prisons through a trauma-informed lens. Firstly, the reported prevalence of trauma within the prisoner population is considered. Secondly, this article examines the trauma-informed response from Her Majesty's Prison and Probation Service (HMPS) from a theoretical, practical and policy perspective. In addition, this article highlights that by implementing a robust trauma-informed approach within prisons, this can be beneficial for every individual working and living in prison. Some of the key challenges associated with the implementation of trauma-informed practice (TIP) and institutional transformation are presented in this article. In support of this, brief reflections from doctoral research examining the early implementation of TIP are presented. Finally, future directions are considered for individuals working with trauma and how institutions can evaluate their implementation journey and practice. The 'Working with Trauma Quality Mark' is introduced as a quality assurance model in order to develop trauma practice, whilst providing a mechanism to demonstrate and celebrate aspects of good practice across HMPS.

Working with Trauma in Prison

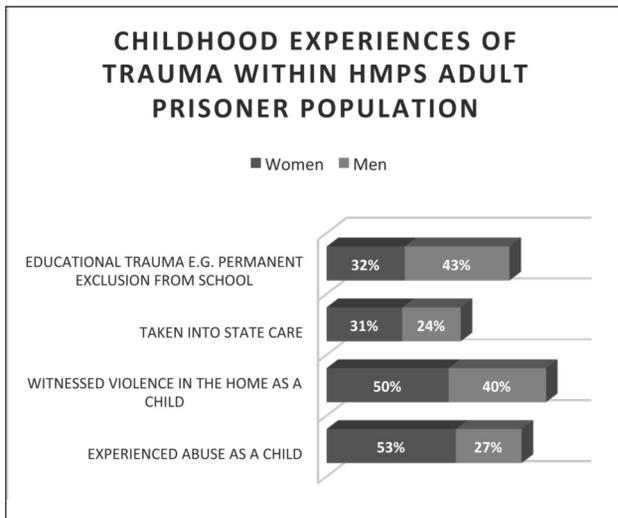
In November 2020, there was a total of 75,581 adult men and 3,251 adult women in prison in

England and Wales¹. These figures become of great significance when exploring the percentages of individuals who report lived experiences of trauma upon arrival to prison. Before exploring the diversity and prevalence of trauma experiences across the HMPS prisoner population, trauma must be defined and outlined. Covington² states that trauma can be any event or experience, which overwhelms an individual's personal capacity to cope, whilst transforming how they see the world. Moreover, trauma experiences are felt on an individual level; they cannot be compared, quantified, measured or hierarchised, due to the distinctive and personalised nature of trauma. To expand on this, SAMHSA³ recognise that an experience of trauma can be singular, multiple or compounding and this will likely result in individual behavioural adaptations due to the impact on a person's social, emotional, mental and/or physical well-being. Academics, policy makers and practitioners are becoming acutely aware that trauma does not equate to extreme examples associated with the medical model. It is societally accepted that trauma can consist of a variety of experiences including sexual violence, domestic abuse, homicide, loss, war (to name just a few examples). Yet, the understanding of trauma is advancing to incorporate experiences such as 'abuse, neglect, abandonment and family separation'⁴. For some individuals, trauma can lead to chronic and lifelong implications⁵, whilst the prison environment and staff responses can play a role in re-triggering survivors and therefore exacerbating trauma⁶. Additionally, prison settings can act as sites of new traumatic exposure, due to routine prison practices such as pat-downs and room searches, which can increase trauma-related

1. Ministry of Justice. (2020) Prison Population Statistics, Available at: <https://www.gov.uk/government/statistics/prison-population-figures-2020>. (Accessed: 30 November 2020).
2. Covington. S. S. (2016) *Becoming trauma-informed: Toolkit for Women's Community Service Providers*. Available at: <https://www.mappingthemaze.org.uk/wp/wp-content/uploads/2017/08/Covington-Trauma-toolkit.pdf>. (Accessed: 4 November 2020).
3. Substance Abuse and Mental Health Services Administration. (SAMHSA) (2014) *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, Available at: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf Approach (Accessed: 4 November 2020).
4. Sweeney, A., Clement, S., Filson, B. and Kennedy, A. (2016) 'Trauma-informed mental healthcare in the UK: what is it and how can we further its development?', *Mental Health Review Journal*, 21 (3), pp. 174-192.
5. Cohen, K. and Collens, P. (2013) 'The impact of trauma work on trauma workers: a metasynthesis on vicarious trauma and vicarious posttraumatic growth', *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(6), 570– 80.
6. Bloom, S.L. and Farragher, B. (2010) *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*, Oxford: Oxford University Press.

symptoms⁷, some of which may be impulsive or aggressive and may therefore be challenging to manage within a prison environment⁸.

Figure 1 presents data published by the Prison Reform Trust⁹ which highlights the prevalence of childhood experiences of trauma across the adult prisoner population in England and Wales.



Although this figure highlights known childhood trauma within the prisoner population, it is oversimplistic to focus solely on childhood experiences. Traumatic experiences do not exclusively occur in 'ideal victim' influenced assumptions involving vulnerable or neglected children. Trauma can occur in adolescence, adulthood, before prison and during prison. Therefore, the multi-faceted and complex nature of trauma must be taken seriously within the prisoner population. Societal, academic, policy and practical recognition of trauma must move away from stereotypical assumptions, social constructions and expectations of trauma, to enable critical and pragmatic thinking about how best to recognise, respond to and support trauma survivors. One of the most significant challenges when working with trauma, is recognising how trauma manifests within the behaviour of survivors in prison. Trauma has been linked to individuals experiencing self-harm, suicidality, addiction, mental health issues and behavioural issues¹⁰. Coincidentally, these are some of the biggest challenges HMPS faces within prisons¹¹.

Many of the behaviours and manifestations of trauma are challenging to work with; they are metaphorical icebergs. They appear to be one thing, yet underneath the surface, there is a plethora of unseen need. What one practitioner may see as 'volatile' or 'aggressive', a trauma-informed practitioner will see as a presenting behaviour, masking other emotions and experiences. A transformative way of working with manifestations of trauma can be to simply consider 'what has happened to that person', to replace 'what is wrong with that person'. This supports the recognition that presenting behaviour is not always a reflection of that individuals' genuine emotions. When working with trauma, it is vital to see the depths and complexities within trauma experiences and manifestations. This is explored from the insights of an addiction specialist below;

'If you want to ask the question of why people are in pain, you can't look at their genetics, you have to look at their lives. And in the case of my patients, my highly addicted patients, it's very clear why they are in pain. Because they have been abused all of their lives, they began life as abused children. All of the women I have worked with over a twelve-year period, hundreds of them, they had all been sexually abused as children. And the men had been traumatized as well; the men had been sexually abused, neglected, physically abused, abandoned and emotionally over and over again. And that's why the pain... If you want to understand addiction, you can't look at what's wrong with the addiction, you have to look at what's right about it. In other words, what is the person getting from the addiction? What are they getting that otherwise they don't have?'¹²

To consider trauma within prisons in both a practical and theoretical sense, it is helpful to explore importation and deprivation models. These explore how trauma can be imported into prisons, whilst also acknowledging that the prison environment, culture and experience, can also be the traumatiser.

Importing Trauma

Trauma is imported into prison through the diverse lived experiences of individuals entering custody. We

7. Jervis, V. (2019) 'The Role of Trauma-Informed Care in Building Resilience and Recovery', *Prison Service Journal*, 242 pp. 18-25. Available at: https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/PSJ%20242%20March%202019_Prison%20Service%20Journal.pdf. (Accessed: 1 December 2020).

8. Kubiak, S., Covington, S.S. and Hillier, C. (2017) 'Trauma-Informed Corrections'. In Springer, D. and Roberts, A. (Eds). *Social Work in Juvenile and Criminal Justice System*, 4th Edn, Springfield: Charles C. Thomas

9. Prison Reform Trust. (2019) *Bromley Briefings Prison Fact file*, Available at: <http://www.prisonreformtrust.org.uk/portals/0/documents/bromley%20briefings/Winter%202019%20Factfile%20web.pdf>. (Accessed: 30 November 2020)

10. Kubiak et al (2017), see n.8

11. Ministry of Justice. (2016) *Prison Safety and Reform*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf. (Accessed: 1 December 2020).

12. Maté, G. (2014) *The Power of Addiction and The Addiction to Power: Gabor Maté Transcript*, Available at: <http://www.singjupost.com/power-addiction-addictionpower-gabor-mate-transcript/>. (Accessed: 4 December 2020)

are all influenced by the events within our lives, and they, in turn, shape how we experience and construct our view of the world, our feelings of safety. These experiences influence how we trust¹³ individuals and the subsequent relationships that we build. The diversity of imported trauma within the histories of individuals sentenced to prison is infinite. Whilst some survivors will be acutely aware of their lived experiences, and the way in which trauma impacts their lives, relationships and behaviour, there are many individuals who are unable to articulate their experience(s) and recognise the subsequent impact. Additionally, there are many individuals in prison who have experienced compounding and repeated trauma(s) throughout their lives, which may have resulted in tragic acceptance or complete disassociation. In a recent study, trauma disclosed by women in prison was considered intense, distressing and consistent as 'almost without exception, the women's life stories read as catalogues of suffering and abuse, including physical and sexual violence, intimate bereavement and drug and alcohol addiction'¹⁴.

Others may have reached out for help and support before, but were met with a re-traumatising response, where they have not been believed, perhaps they have been ridiculed or blamed for their experience. As a result, many individuals refuse to share their stories again and the consequence is unreported, unrecorded, unrecognised and unsupported trauma importations within prisons. However, the authors argued that 'the narratives of trauma that saturated the women's accounts of life before prison were in some of the men's life histories'¹⁵. However, experiences of sexual violence, poly victimisation and domestic violence were far less common in the lives of men.

Alternatively, it has been acknowledged that men in prison 'have often experienced high levels of physical, sexual, emotional and structural victimization, before, during and after their incarceration'¹⁶. Due to

the prevalence of imported trauma within prisons for both men and women, it is vital that the gendered impact of these experiences is taken seriously by prison researchers, policy makers and practitioners.

Prison Deprivation and Trauma

It is not clear how imported trauma impacts upon the deprivations of imprisonment. However, there is vast sociological imprisonment literature which explores the deprivations¹⁷, mortifications¹⁸, humiliations, identity transformations and adaptations¹⁹ experienced by individuals in prison²⁰. These are multiple, constant and overwhelming for individuals navigating their way through their prison sentence. A helpful consideration relating to individual deprivations is to consider this from a personal and reflective stance: if you were to go

into prison right now, what deprivations would you personally experience and how would your lived experiences influence these deprivations/losses? The importance of this reflection emphasises the person-specific deprivations associated with our distinct circumstances. In addition, the deprivations experienced in prison will occur at various times for individuals serving sentences. Initially,

immediate resources, for example accommodation, employment, children, pets, lifestyles will be lost to the immediacy of being held in custody. However, over time, relationships and contact with family may deteriorate, and there may be bereavements. Therefore, loss in prison becomes commonplace, and the environment enhances the deprivation of adequate and positive coping strategies (e.g. going for a run, talking with loved ones, hugging family, a warm bubble bath etc.) are not possible, readily or immediately available. Research has argued that for those with imported trauma experiences, the adaptations to prison are impacted, and the pains of imprisonment are felt more harshly²¹. One of the challenges associated with

The diversity of imported trauma within the histories of individuals sentenced to prison is infinite.

13. Liebling, A. (2009) 'Women in Prison Prefer Legitimacy to Sex', *British Society of Criminology Newsletter*, 63: 19–23.
14. Crewe, B., Hulley, S. and Wright, S. (2017) 'The Gendered Pains of Life Imprisonment', *British Journal of Criminology*, 57, pp. 1359-1378.
15. Ibid
16. Sloan Rainbow, J.A. (2018) 'Male Prisoners' vulnerabilities and the ideal victim concept', in Duggan, M. (ed) *Revisiting the 'Ideal Victim': Developments in Critical Victimology*, pp.263-279, Bristol: Policy Press.
17. Crewe, B. (2011) 'Depth, weight, tightness: Revisiting the pains of imprisonment', *Punishment and Society*, 13 (5), pp. 509-529.
18. Goffman, E. (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, New York: Anchor Books.
19. Liebling, A. and Ludlow, A. (2016) 'Suicide, distress and the quality of prison life', in: Y. Jewkes, J. Bennett and B. Crewe (Eds.), *Handbook on Prisons*, Abingdon: Routledge.
20. Sykes, G.M. (1958) *The Society of Captives: A Study of a Maximum-Security Prison*, Princeton, NJ.: Princeton University Press.
21. Bradley, A. (2017) *Trauma-informed practice: Exploring the role of adverse life experiences on the behaviour of offenders and the effectiveness of associated criminal justice strategies*. Doctoral thesis, Northumbria University.

manifestations of trauma relate to prisoners reacting 'in ways that they perceive as self-protective, but that staff will perceive as either hostile or closed off'²². As a result, it can be problematic for staff to associate trauma behaviour with vulnerability rather than noncompliance.

The diverse challenges associated with supporting trauma survivors in prison are well documented, yet exploration of the needs and long-term impact of responding prison staff is largely neglected within academic, policy and practice discussions. Prison officers have prisoner-facing roles in emotionally charged and traumatising environments²³. They are often first-responders to traumatic events such as self-harm²⁴. As a result of the emotional work they conduct and the complexities of working with trauma, they often experience vicarious trauma, emotional detachment²⁵ and depersonalisation to cope with the intensity of the demanding role.

Therefore, an approach is required that can increase support for prison staff, whilst better equipping and resourcing staff to meaningfully respond to the needs of trauma survivors in prison.

Recognising and Responding to Trauma: HMPS Strategic Plans

Policy movements within HMPS have argued that women should be 'supervised/held in trauma-informed conditions and within regimes providing rehabilitative culture where they feel safe and that meet their specific needs, and

which facilitate their successful resettlement'²⁶. In addition, the Ministry of Justice has stated that 'it is essential that from beginning to end the criminal justice system is trauma-informed'²⁷. This is crucial as TIP can also be applied within various criminal justice contexts, for example police, courts, probation and any service designed to interact with and support humans. The breadth of applicability of TIP has seen various destinations defining themselves as being trauma-informed cities²⁸.

Recent policy developments feature TIP as one of four ways to improve custody for women²⁹. The Female Offender Strategy discusses the partnership between HMPS, Lady Edwina Grosvenor and her Charity One Small Thing, who have delivered 'Becoming Trauma-Informed' (BTI) training across the female prison estate since 2015. The purpose of this training is to 'reduce conflict and make the workplace safer for staff'³⁰.

Although BTI or TIP is not mentioned in HMPS' most recent Business Strategy, they both have roots within the overall vision and underpinning principles. Developing TIP within prisons is particularly relevant to the following three HMPS principles:

1. Enable people to be their best;
2. An open, learning culture;
3. Transform through partnerships.

These principles focus on better supporting the well-being of prison staff, learning from good practice, and making use of specialist collaboration for access to collective resources³¹.

Prison officers have prisoner-facing roles in emotionally charged and traumatising environments. They are often first-responders to traumatic events such as self-harm.

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22. Kubiak et al (2017), see n.8
 23. Boudoukha, A.H., Przygodzki Lionet, N. and Hautekeete, M. (2016) 'Traumatic events and early maladaptive schemas (EMS): prison guard psychological vulnerability', *Review of Applied Psychology*, 66, pp. 181– 7.
 24. Ibid.
 25. Arnold, H. (2016) 'The prison officer', in: Y. Jewkes, J. Bennett and B. Crewe (Eds.), *Handbook on Prisons*, 2nd edn, Abingdon: Routledge.
 26. Ministry of Justice. (2018) *Women's Policy Framework*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767304/women_s-policy-framework.pdf. (Accessed: 1 December 2020).
 27. Ministry of Justice. (2019) *The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809467/farmer-review-women.PDF. (Accessed: 30 November 2020).
 28. Trauma-Informed Plymouth Network. (2019) *Envisioning Plymouth as a trauma-informed City*, Available at: <http://www.plymouthscb.co.uk/wp-content/uploads/2019/04/Trauma-Informed-Plymouth-Approach-FINAL-April-2019.pdf>. (Accessed: 1 December 2020).
 29. Ministry of Justice. (2018) *Female Offender Strategy*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf. (Accessed: 1 December 2020).
 30. Ibid
 31. HM Prison and Probation Service. (2019) *HMPS Business Strategy: Shaping Our Future*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/864681/HMPS_Business_Strategy_Shaping_Our_Future.pdf. (Accessed: 2 December 2020).

The broader relevancy of TIP and BTI is particularly important when considering its application and potential impact across the male prison estate. Although the delivery of the BTI programme across the long-term high secure Male prison estate has been in progress since May 2018³², there is little discussion available to consider the impact of potential gender-responsive adaptations or applications. In addition BTI and TIP is yet to be embedded within local and lower category male prisons. During data collection for the trauma-informed doctoral research, a governor at a Local Category B prison pointed to a wall filled with invoices for damaged cells and destroyed prison fabric, emphasising that 'this is what trauma looks like in our prison'. He was referring to the destroyed property and the destructive outbursts of aggressive and overwhelming behaviour that he had witnessed from prisoners who had histories of trauma. In many ways, the manifestations of trauma are multi-faceted and complex; this can result in prison staff having to respond to some challenging and distressing situations.

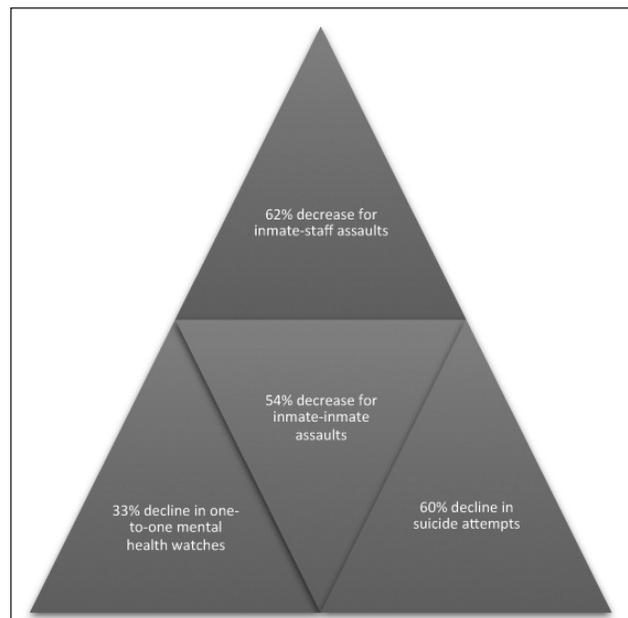
It has been argued that 'if trauma is everybody's business, then no more so than for the prison workforce'³³. This article has highlighted that trauma is an issue within all prisons and should become an expectation rather than an exception. As such, trauma should be a strategic priority for HMPS and the Ministry of Justice, who have the strategic oversight of institutional transformation to support the implementation of TIP.

The Implementation of Trauma-Informed Practice in Prisons

Some of the most successful and longstanding implementations of Trauma-Informed Care and TIP can be seen in the United States Prison System. Well known for its harsher conditions, policies enabling prison staff to use guns, as well as degrading and overcrowded facilities, this notorious institutional system has taken on board aspects of TIP with some promising results. Therefore, for HMPS which incorporates decency and safety as an outcome within the business strategy, implementing and benefiting from TIP is entirely achievable.

Some of the results from the study are presented below;

Figure 2: Results from the Trauma-Informed Institutional Environment: Framingham facility in Massachusetts³⁴.



It is argued that there are three key benefits for prison staff working in a trauma-informed institution:

1. The role of the officer becomes safer;
2. The work environment becomes safer;
3. The rehabilitation programmes have increased effectiveness.

However, for institutions, the benefits of having a trauma-informed workforce are:

1. Increase staff job satisfaction;
2. Reduce turnover of staff (important in prisons due to training resources);
3. Improve relations between staff and prisoners;
4. Increase the recognition and appropriate response to prisoner and staff needs;
5. Reduce prison disciplinary adjudications;
6. Reduce the need for control and restraint techniques;
7. Reduce recidivism rates.

To actively prevent and reduce the likelihood of revictimising, re-traumatising and retriggering individuals in prison, institutions are being supported and trained to apply the five key principles of TIP (Safety, Trust, Choice, Collaboration and Empowerment).

Settings which identify as working in a trauma-informed way will 'demonstrate a commitment to compassionate and effective practices and organizational reassessment, and it changes to meet the needs of consumers with a history of trauma'³⁵. In addition, the setting will be committed to designing the

32. One Small Thing. (2019) *Healing Trauma Research*, Available at: <https://onesmallthing.org.uk/news-1/2019/6/12/healing-trauma-research>. (Accessed: 28 November 2020).

33. Vaswani, N. and Paul, S. (2019) 'It's Knowing the Right Things to Say and Do': Challenges and Opportunities for Trauma-Informed Practice in the Prison Context', *O*, 58 (4), pp. 513-534. Available at: https://onlinelibrary.wiley.com/doi/epdf/10.1111/hojo.12344?saml_referrer. (Accessed: 1 December 2020).

34. Benedict, A. B. (2014) *Using trauma-informed practices to enhance safety and security in women's correctional facilities*. Available at: <https://www.bja.gov/Publications/NRCJIW-UsingTraumaInformedPractices.pdf>. (Accessed: 24 November 2020).

35. Substance Abuse and Mental Health Services Administration. (2014) *Trauma-Informed Care in Behavioural Health Services*, Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>. (Accessed: 1 December 2020).

appropriate institutional, administrative and strategic infrastructure, to initiate, oversee and guide the trauma-informed adaptations to policies and practices. It is estimated that the implementation of trauma-informed approaches within the prison service will require long term administrative and leadership commitment; this can take between 3-5 years to permeate the system, policies and practices³⁶. Therefore, institutional consistency, patience and commitment are required to avoid implementation fatigue and continue to progress.

The original innovators in implementing TIP suggest that there are several steps necessary for a trauma-informed system of care³⁷. Below are examples which suit the context of the prison estate.

1. Administrative Commitment to Change:

There needs to be an integration of trauma knowledge within the institution's response and approach to supporting individuals. At every level of staffing, everyone will be asked to see the institution through a trauma lens, meaning that interactions, service delivery and practice will take into consideration trauma knowledge and reflective practice, such as regular walkthroughs of environments. At this stage, the acknowledgement and implementation of TIP could become part of HMPS' business strategy and vision. This would demonstrate intention and commitment to resourcing and prioritising the longevity of the implementation.

2. Universal Screening: It is argued that the act of asking about trauma can lead to more thoughtful referrals, whilst beginning a process of institutionalising trauma within discussions. There is a need to reduce the stigma associated with trauma, where openness can flourish. Importantly, by the Prison Service screening to identify trauma histories, this helps to identify individuals who need support and to respond to those needs accordingly.

3. Training and Education: Staff at every level of the institution, regardless of role, should receive training and information about trauma. Specialised training can be tailored and provided depending on the needs of the staff. This emphasises the institutional commitment to transforming the culture towards BTI. Training should also focus on supporting, prioritising and emphasising staff wellbeing and development.

4. Hiring Principles: HMPS could hire staff who possess a basic knowledge of trauma during recruitment. The knowledge of trauma should be embedded within hiring practices. This can include hiring or promoting individuals into roles such as 'Trauma Champions³⁸', who can become an institutional lead for trauma-informed approaches and can follow-up on the implementation progress.

5. Review of Policies and Procedures: HMPS could consider how trauma knowledge can be embedded within a policy and documentation review. For example, Prison Service Instructions and Prison Service Orders should contain trauma terminology. The process of reviewing policies and procedures through a trauma lens will enable prisons to evaluate current practices that could re-traumatise individuals in custody, or practices which ineffectively support the needs of prison staff.

These are very broad and simplistic examples; however, they emphasise some essential elements for institutions to consider when considering BTI. Over the years of conducting trauma research in prisons and community services, it is evident that many individuals misuse the term trauma-informed. Academics, policy makers and practitioners consistently neglect and underestimate the complexities involved within the implementation of TIP. This has resulted in trauma-informed becoming an elastic term whereby services can appear on the surface to be responsive, demonstrating innovation to key stakeholders, whilst claiming to be delivering good practice. However, the over-use of the term, combined with an inadequate or apathetic commitment to implement TIP, further diminishes the value of such an approach for both staff and survivors.

In September 2015, One Small Thing, in partnership with Dr Stephanie Covington, began to deliver training sessions within the criminal justice system. Initially, leaders and senior decision-makers were invited from prisons, probation, health and third sector organisations. Between September 2015 and September 2016, a selection of policy makers, prison staff from the female prison estate, and women's community service providers received BTI training. After the completion of training sessions, follow-up training workshops were provided. In June 2017, prison staff training began in the long-term high security male estate, whilst on-going consultation and implementation occurred in the female estate³⁹. One Small Thing outline that 3787 prison staff and 404

36. Kubiak et al (2017), see n.8

37. Harris, M. and Fallot, R.D. (2001) *Using Trauma Theory to Design Service Systems*, San Francisco: Jossey-Bass.

38. These are already embedded within some HMPS prisons.

39. Bradley (2017) see n.21

community-based staff have participated in their training and programmes⁴⁰. However, very little is known about HMPS' and individual prison establishment's commitment and consistency relating to the implementation of TIP. In addition, there has been very little published evaluative evidence to explore the impact of TIP within HMPS. However, this is an important consideration for stakeholders, academics, policy makers and practitioners interested in the future of TIP in the prison context.

Very early research exploring the implementation of TIP within prisons identified that some prison staff were frustrated with the expectation that a one-day training could transform their prisons⁴¹. Leadership days, workshops, training, Toolkits, and follow-ups delivered by One Small Things are structures to guide and support prisons to achieve the following four objectives:

1. To develop and enhance trauma knowledge of all prison staff;
2. To support the creation and development of trauma-informed responses;
3. To help prison staff to reflect upon their practice, approaches, environment and their overall responses to individuals with trauma histories;
4. To support the creation/development of implementation scaffolding and strategies, to embed TIP within institutional policies, procedures and practices.

Institutions are encouraged to transition from passive recipients of training and knowledge, in order to move towards active contributors within the implementation journey. Charities and trauma-informed specialists can of course support, advise and consult on the implementation of TIP, however institutions are experts in their setting, their population and their staff; therefore they need to consider a flexible and tailored implementation approach suitable to them. For institutions committed to the implementation of TIP, specialist consultation or support may be appropriate options, to avoid implementation fatigue whilst promoting the longevity of progression.

Future Directions: Evidence and Quality Assurance when Working with Trauma

Until October 2020, there was no UK-wide trauma-specific quality assurance framework or recognised formal process of evaluation for settings working with trauma. This meant that settings were unable to demonstrate aspects of good practice when supporting individuals with trauma histories. Additionally, this resulted in settings being able to claim that they work in a trauma-informed way, without any quality assurance, evidence or appraisal. The over-use of terminology and under-use of appropriate trauma-informed implementation strategies has resulted in haphazard applications. This has led to the dilution of the specialism, as well as the erosion of important and meaningful trauma-informed work.

Crucially, this means that the needs of staff and individuals with histories of trauma are not being adequately supported. In response to this, the 'Working with Trauma Quality Mark' has been developed in partnership with myself and One Small Thing. The quality mark has been peer reviewed by critical friends who are leading trauma practitioners and was developed through an extensive systematic review of publicly available international standards, principles and values relating to trauma practice. The

development of the 'Working with Trauma Quality Mark' offers multiple benefits including⁴²:

- ❑ To provide practical and accessible toolkit to help settings to identify, develop and advance trauma practice;
- ❑ To provide the only national benchmark to recognise trauma aware, trauma-informed and trauma-responsive practice;
- ❑ To provide an opportunity for settings to celebrate their trauma work and showcase innovation;
- ❑ To provide evidence of trauma-informed or trauma-responsive practice to support funding applications;
- ❑ To encourage the collaboration of individuals working with trauma, to become part of a community of settings that can share practice

The over-use of terminology and under-use of appropriate trauma-informed implementation strategies has resulted in haphazard applications.

40. One Small Thing. (2020) Look, Available at: <https://onesmallthing.org.uk/look>. (Accessed: 28 November 2020)

41. Ibid

42. One Small Thing. (2020) Learn, Available at: <https://onesmallthing.org.uk/quality-standards>. (Accessed: 2 December 2020).

in working in a trauma aware, trauma-informed and trauma-responsive way.

The One Small Thing 'Working with Trauma Quality Mark' is suitable for all settings, at all stages of the implementation journey. Crucially, it provides necessary quality assurance, evidence and evaluation, required to decrease the use of substandard TIP, to preserve the value of trauma work, whilst enabling settings to achieve their goals.

Conclusion

This article has considered the prevalence and pervasiveness of trauma within prison population. Importantly, the review of working with trauma in prisons has highlighted the importance of viewing the prison service through a trauma lens, for two specific reasons.

Firstly, some of the challenging behavioural manifestations of trauma were considered, to highlight the connection between prison-specific areas of concern and trauma. Research has indicated the association between trauma and substance use, self-harm, mental health and various demanding behavioural issues⁴³. Statistics have also indicated that childhood histories of trauma are present within the lived experiences of men and women in prison⁴⁴. However, trauma can be experienced as many imported factors, but also within the various deprivations and mortifications that prison sentences produce. Therefore, there are trauma experiences that go beyond what is obvious and what is reported within statistics. Consequently, prison staff are supporting a plethora of known and unknown trauma within the prisoner population.

Secondly, working with trauma and individuals with histories of trauma is emotionally and physically demanding. In many settings, the needs of staff working with trauma are often neglected and overlooked. However, the intensity of working with

trauma can lead to unsupported staff experiencing vicarious trauma, emotional detachment⁴⁵ and depersonalisation as a way of coping with their work experiences. Some of these experiences are traumatic and often become normalised due to the frequency of occurrences. These experiences can result in prison officers developing maladaptive coping strategies, concerning behavioural adaptations and ultimately they may not have their needs supported. This is problematic for prisons when both prisoners and staff are perpetually traumatised.

Subsequently, this article highlighted the potential of implementing TIP, to better equip and resource staff to work with trauma. The inclusion of TIP within HMPS and MOJ strategies was considered, to acknowledge the intention of implementation. However, some of the challenges associated with the complex and long-term implementation journey were considered, to argue that HMPS and each prison need to commit to appropriate institutional, administrative and strategic infrastructure, to initiate, oversee and guide the trauma-informed adaptations to policies and practices. It has been argued that long term administrative and leadership commitment is required due to a successful implementation taking between 3-5 years to infuse within the system, policies and practices⁴⁶. It is therefore crucial that the evaluation of the implementation of TIP across all participating prisons is examined promptly.

Finally, future directions in producing evidence and quality assurance within TIP were introduced to showcase some of the contemporary movements within evaluation processes. This demonstrated a shift towards taking the implementation of TIP seriously, to transform some of the ineffective applications of TIP across the Criminal Justice System. This process can alleviate any stagnation in the process, whilst identifying implementation fatigue; in order to transform and enhance the impact of TIP.

43. Kubiak et al (2017), see n.8.

44. Prison Reform Trust (2019), see n.9

45. Arnold, (2016) see n.25

46. Kubiak et al (2017), see n.8

Interview with Felicity de Zulueta

Felicity de Zulueta is Emeritus Consultant Psychiatrist in Psychotherapy at the South London and Maudsley NHS Trust and Honorary Senior Lecturer in Traumatic Studies at Kings College London. She is interviewed by Matt Wotton is Chair of The Bowlby Centre, Co-Director of The London Centre for Applied Psychology and works as a psychotherapist in private practice. He previously worked for more than two decades in the criminal justice system, including as a member of the prison and probation board.

Felicity de Zulueta developed and headed both the Department of Psychotherapy at Charing Cross Hospital and the Traumatic Stress Service in the Maudsley Hospital which specialises in the treatment of people suffering from Complex Post Traumatic Stress disorder. She has trained in psychoanalytic psychotherapy, systemic family therapy, and group analysis. She is perhaps best known for her book, *From Pain to Violence: the traumatic roots of destructiveness — a seminal text, notable for providing an overview of the traumatic roots of violent behaviour.*

This interview took place in late 2020, when Britain, along with much of the rest of the world, was in lockdown as a consequence of the coronavirus pandemic.

MW: I'd like to ask you about your work first, and particularly your book, *From Pain to Violence*. It is probably a tall order, but could you try to distil the essence of it for readers?

FZ: It's really an argument in 14 chapters giving evidence that shows that we are not born violent. We are born to love, to be loved, and to cooperate. The most recent research using brain-imaging supports this. Our huge brain is the result of our increasing capacity to cooperate with each other. We are, by evolution, cooperative.

I didn't know any of this when I started writing my book: my aim was to understand why seemingly nice men were capable of committing horrific acts of violence. I was born at the start of the civil war in Colombia called la 'Violencia' and, though I was too small to remember, I must have seen men covered in blood turning up at my father's laboratory because he was a doctor. I was subsequently brought up in Sarawak, north Borneo, where we lived for over two years in the jungle. We spent a lot of time amongst our neighbours, the Dayaks, who were headhunters before Rajah Brooke convinced them to stop. They loved children and made sure that I was safe as I played around in their long houses. After a few years in Switzerland, a real culture shock, our next move was to Uganda, just before the rise of Idi Amin and the horrors

that followed. The last country I lived in before coming to the UK to study was Lebanon. You will notice that three of these erupted into civil war after we left!

I suppose, however, that my overriding reason for writing *From Pain to Violence* was to explore if it was true that we are born with an innate 'death instinct' as my Kleinian supervisors in the Maudsley Hospital were teaching me when discussing my patients in therapy. So it was a journey of discovery for me. My book was informed by the work of John Bowlby, whom I met before his death. Although Bowlby drew on the work of others, he is known as the founder of attachment theory. What his work shows is that we are genetically predisposed to want access and proximity to our attachment figure/s when frightened, in pain or in need. For Bowlby, the biological function of attachment was to ensure the care and protection of the young. It is a behavioural system geared to ensure proximity to our caretaker, during our long period of infantile dependence. Human infants, unlike other mammals, are totally dependent on their caregiver when they are born. The caregiver provides protection of course, but human infants also cannot regulate their own arousal, their emotional reactions, or maintain their physiological homeostasis. They need help with this. That's what the attachment figure provides by responding to the infant's signals via holding, caressing, feeding, smiling etc and giving meaning to the infant's behaviour.

These daily interactions provide the memories that the infant brain synthesises into 'internal working models', to use Bowlby's phrase. The parent doesn't have to be perfect, they just have to be 'good enough' for a secure attachment to develop. This secure attachment protects the child and later adult, from developing PTSD (post traumatic stress disorder) in traumatic situations and gives him or her the resilience to overcome adversity. A securely attached child has a mental representation of their caregiver as responsive, especially in times of trouble. These children are capable of empathy themselves and they confidently expect to get most of their needs met by others, albeit imperfectly.

The problem arises when children develop insecure attachments, because parents are unavailable, neglectful or abusive. Those who end up in the criminal justice system typically have had attachment figures who are neglectful or abusive. Their development is severely impaired, which results in later social problems. They do not trust others. They do not feel good about themselves.

We now know that neglected children feel that no one cares for them and they will tend to blame themselves for that. In so doing, these children retain an element of power and control ('it is my fault') as well as an idealised parental figure to counteract the traumatising parent. In so doing, it enables them to hold onto the hope that, one day they will be 'good' and finally get the love they never had. This is what Fairbairn calls the 'moral defence'.¹ However, these individuals also carry within them the awful feelings of shame; the shame of being made to feel so insignificant.

My colleague in the US., Professor James Gilligan, says the basic cause of violent behaviour is the wish to ward off or eliminate the feeling of shame, impotence or humiliation². This is often an intolerable and overwhelming feeling, which they seek to replace with a feeling of power and pride. A vulnerable sense of self will often, in men, disguise itself behind an appearance of power over others. This behaviour belies their sense of powerlessness. So, when such an individual feels 'disrespected', it can trigger painful memories of humiliation, and violent retaliation follows — it's a desperate attempt to overcome or stop that source of pain. In short, violence is a by-product of psychological trauma and its effects on infants and children.

MW: Just to play devil's advocate for a moment, the rebuttal to this idea is that violence is less a by-product of trauma, that happened decades ago, and more of a choice — as evidenced by the thousands of people who have a tough start in life, but who do not go on to commit crime or violence. What do you say to those who suggest that we need more focus on resilience and responsibility, rather than treating the perpetrators of crime as victims?

The problem arises when children develop insecure attachments, because parents are unavailable, neglectful or abusive.

FZ: Looking at the work on adverse childhood experiences (ACEs) is probably the easiest way to try to understand this. The original ACEs study³ carried out in the USA showed that adverse childhood experiences such as emotional abuse, physical abuse, domestic violence, substance abuse, parental separation and other adverse experiences in the home and in the community, were much more common than previously acknowledged, and that they have a powerful relationship with ill health, both medical and psychological, 50 years later. Of nearly 17,500 adults who took part, more than 30 per cent reported physical abuse, nearly 20 per cent sexual abuse, more than 12 per cent witnessed their mother being beaten, and nearly 5 per cent reported family drug abuse. And remember, this was a survey made up of 70 per cent white and college-educated respondents.

So, it's true that lots of people do have a difficult start, and experience adverse events, but not to the same extent. The study was able to quantify the number of ACEs experienced — it found that the more ACEs, the more likely a person was to develop later problems. Felitti, who pioneered the work on ACEs, described the findings as a surprisingly linear 'dose-response' model: *the higher the ACE score, the worse the outcome in later life*. For example, compared with people with no ACEs, those with four or more ACEs are: two times

more likely to binge drink; three times more likely to smoke; four and half times more likely to suffer depression and, relating to your point, seven times more likely to have been involved in violence in the last 12 months. It is important to note that the ACEs represent probabilities, not the actual prediction related to an individual who may have high levels of resilience to counterbalance these effects.

But it's not just the dose-response model that's important or note-worthy. If we think a bit more deeply about ACEs, we see that they are not so much 'events' as ruptured attachments. Emotional and physical abuse fairly obviously points to broken attachments. So, we come back to the importance of the attachment figure/s. That's the key protective factor. A good attachment relationship with a teacher or a relative, such as a grandparent, can also protect children from traumatic homes. Someone with at least one secure

1. Fairburn, W. (1943). Repression and the Return of Bad Objects.

2. Gilligan, J. (1999) Violence: Reflections on Our Deadliest Epidemic. London. Jessica Kingsley.

3. Felitti, V. et al (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study.

attachment can withstand household dysfunctions, such as a parent in prison or misusing drugs, much more so than someone without an attachment figure to help guide them through the pain and confusion of that experience. That is really what determines resilience, or its absence. It's much less to do with personal or moral choice than people think, especially as most acts of violence are spontaneous and take place when the brain is in fight/ flight mode, a state of mind that does not enable one to think things through, as it focuses on the here and now, and whether to attack or escape. Again, it's important to note that the ACEs represent probabilities, not the actual prediction related to specific individuals.

MW: Going beyond your own work in forensic mental health, can you explain a little bit about how adverse childhood experiences (ACEs) impact on physical health outcomes in particular? What I think is so counterintuitive, even to those of us who share the view that adverse early events can lead to anti-social or criminal behaviour, is that they also lead to heart diseases and diabetes!

FZ: Felitti and Anda started with the assumption that ACEs led to chronic ill-health because of behaviours like smoking, heavy drinking, and overeating, which would produce increased rates of lung cancer, liver disease, diabetes, and heart disease. Basically, it's the idea that people who are mentally ill may well also lead less healthy lives. But actually, ACEs had a profound negative effect on adult health even when those behaviours weren't evident. The researchers looked at patients with ACE scores of seven or higher who didn't smoke, didn't drink to excess, and weren't overweight, and found that their risk of ischemic heart disease (the most common cause of death in the United States) was three and half times greater than it was for patients with no ACEs. Somehow, the traumatic experiences of their childhoods were having a negative effect on their health, even though it had nothing to do with poor lifestyle choices.

To understand that better, just think about how your body reacts to severe stress or traumatic events: it produces emotions like fear and terror, as well as physical reactions like increased blood pressure and

heart rate, clammy skin, and a dry mouth. But there are other bodily reactions to stress which are less evident: hormones are secreted, neurotransmitters are activated, and inflammatory proteins surge through the bloodstream and into the brain where the damage takes place affecting all the physiological systems. We have, in addition, an added factor to consider which is the epigenetic effect transmitted from a mother suffering from PTSD which makes her child more vulnerable, later in life, to traumatic experiences. Research from New Zealand found that adults in their thirties who had been mistreated as children were nearly twice as likely to have an inflammatory protein in their blood (than those who had not been mistreated). And many studies have shown high sensitivity C-reactive protein in their blood (hs-CRP) to be a leading marker for cardiovascular disease.

So repeated early adversity can affect the development of the cardiovascular system, the immune system and the metabolic regulatory systems, putting individuals at greater risk for hypertension, heart disease, diabetes and cancer.

It's important to remember here, that we are not talking about the everyday stress which we all experience on a regular basis. We are talking about chronic, toxic traumatic stress which is enduring and where the

child feels there is no solution as the needed parent is either unavailable or has become the source of terror.⁴

MW: Nadine Burke Harris, the Surgeon General in California, who is pioneering this work in the US, says, the flight or fight response is very helpful in evolutionary terms if you meet a predator on the savannah, or a bear in the woods, but it's a different story if the bear comes home drunk to your house every evening...

FZ: Yes, exactly right.

MW: The discourse in criminal justice and imprisonment is often characterised by the language of moral choice. How do you view the idea of choice in individuals who have been severely neglected or abused in childhood?

FZ: To make a choice one needs to be able to think. Most acts of violence do not involve the thinking

...an added factor to consider which is the epigenetic effect transmitted from a mother suffering from PTSD which makes her child more vulnerable, later in life, to traumatic experiences.

4. See, for example, the 'still-face' experiment by Tronick, available on YouTube.

brain. As I said before, traumatised individuals have a vulnerable sense of self and are easily made to feel overwhelmed with shame which must then be countered by eliminating the source of pain and humiliation. In the fight/flight mode, the focus is on the act in response to the trigger. Moral issues do not enter into such a mind at that time.

This is why I propose that the most effective treatment for such individuals in prison is to provide them with a therapeutic environment in which their levels of hyper-arousal can be reduced; an environment in which they can begin to learn how to notice and modulate their emotions and to begin to engage in nurturing interactions with others; to start to experience empathy through the experience of attunement with a therapist, or even equine therapy, now used for veterans suffering from PTSD and in a few prisons in the US.

That's why I say that so much of what is done in the name of the criminal justice system is based on a false premise: the idea that we should send people to prison for more punishment is only going to create more damage. We have to break that cycle of violence. To learn to exercise control over his autonomic system, which is over-aroused through traumatisation, the prisoner needs a safe environment in which he can be helped to make choices (perhaps using mindfulness, or yoga techniques etc). This is one of the main aims of trauma-informed care, managing emotions to free the brain to be able to think and make informed choices.

As long as we collude with the populist agendas in labelling the behaviour as bad or 'evil', or insisting on punishment as the way of bringing about change, we only confirm what those individuals often already feel about themselves. And in doing so, we fail to understand, treat or prevent violence in our society.

MW: It reminds me of the quote from the work of your colleague in the US., Dr Andrew Gillian, he says, we're not doing this work to be good Samaritans to 'poor murderers', we're doing this because we need to know what causes violence and we learn that best from violent people.

FZ: Well, quite! Violence as a human phenomenon can be, and needs to be, understood if it's to be prevented.

MW: When I first heard about the ACEs study — a good decade after your book was published — it felt so extraordinary that I thought it really was a break-through idea. Nadine Burke Harris says the same — she assumed she was just late to the party. Yet although ACEs is a well-known concept, it hasn't meaningfully permeated into practice or policy making. If you share that view, why do you think that is?

FZ: The idea that we are so vulnerable is unpalatable particularly to men and this is why the concept of trauma is often dismissed or rejected. Every psychiatric diagnosis, except that of post traumatic stress disorder, is assumed to be biological with a genetic origin, despite the fact that no gene has been found to back this approach. Genes can make us more vulnerable, but there is no known gene for schizophrenia etc.

Although the science of attachment has been around for several decades since Bowlby published his work and is well supported by research, it's not a paradigm shared by those in positions of power. This is partly because our views on human nature are determined by our own early experiences. Van der Kolk put it well in his book, 'The Body Keeps the Score'. What he meant by that phrase is that trauma leaves its mark. 'Trauma is not just an event that took place sometime in the past, it is also the imprint left by that experience on mind, brain and body. This imprint has ongoing consequences for how the human organism manages to survive the present. Trauma results in a fundamental re-organisation of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think'⁵.

The shift from a mind that is potentially capable of empathy and love, to a mind that survives by boosting itself at the expense of the other, can sometimes be seen in our leaders. We often see it in our politicians for

Every psychiatric diagnosis, except that of post traumatic stress disorder, is assumed to be biological with a genetic origin, despite the fact that no gene has been found to back this approach.

5. Bessel A. van der Kolk (2015). *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*. London: Penguin.

example, and it is the result of what can happen to traumatised children — they have to toughen up. Just as they were not met with empathy, so they cannot now meet others with empathy.

Their view of others as is a competitive one, an ideal mental state for a future district officer in the empire or a successful CEO, but disastrous for those who are not given the means to make it up the social ladder. Many of us have been taught, or we have assumed from what we've witnessed growing up, that life is about survival of the fittest. But the political mantra of 'each one for himself' flies in the face of current research: we need loving care to grow up confident and secure and we need to feel that we belong to a community where we feel valued and to which we can contribute. Many of those who are suffering from mental and physical illnesses feel alone and alienated and cope by hurting themselves or others if given the chance.

These are the principles underlying trauma-informed Care when it is used to deal with children and adults who suffer from the effects of adverse childhood experiences. It is based on the idea of providing a safe setting where attuned or empathic care can promote resilience and thereby avoid re-traumatisation. It is cooperative, that is it engages different relevant services to work in a cooperative way, based on attachment principles, in relation to children, their families and their community. This approach is now widespread in the US, but it is also beginning to be infiltrate the UK, particularly in Scotland and in Wales, where it is being tried in prison.

However, there is bound to be negative reaction to this innovative approach to health care because there are also some powerful economic interests involved with prisons and the NHS, both of which are being privatised. Similarly, big pharma has little interest in getting people off drugs, with the result that the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association, does not acknowledge the existence of complex or developmental trauma — that is the combined effect of ACEs over time. Fortunately, the most recent revision of the International Classification of Diseases (ICD 11), published by the World Health

Organisation, does recognise this. It's clear that the established system is resisting change but, as the levels of mental illness, PTSD, domestic and social violence rise, due to the increasing inequality resulting from the Covid-19 pandemic, social levels of violence and prison conditions are likely to get worse. I assume that any program that can offer a cost-effective approach to these problems may well be easier to introduce, especially if it has been successful elsewhere.

MW: The most recent Public Accounts Committee report⁶ says the government does not know how many prisoners have mental health problems — with estimates between 10-90 per cent. I know you take the view that almost the entire prison population has experienced mental health problems. If that's right, what should we be prioritising: trauma-informed care, more psychotherapy, standardised screening tools? Or do we need to go much further? The head of the National Audit Office said that improving mental health in prison will require a step-change in effort and resource. So, do we need to look to somewhere like Norway as the model for more wholesale change?

FZ: I think almost everyone in prison is suffering from mental health problems. The research in this country showing a high prevalence of up to 90 per cent is from the 1990s but there is no good reason to suppose that picture has changed since that research was conducted. It's also mirrors more recent international research, which confirms the picture. Out of these prisoners, 27 per cent suffered from child abuse, 46 per cent came from homes with domestic violence, and 62 per cent used drugs, usually used to cope with traumatic symptoms. On top of this, the prison population has doubled since the 1990s, and overcrowding is a serious problem. To make matters worse adults released from custodial sentences of less than 12 months had a proven reoffending rate of 61 per cent, whilst prisons like Bastoy in Norway have the lowest recidivism rate in Europe, at 16 per cent. They pride themselves on treating their clients like responsible human beings and prepare them for a life in the outside world.

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6. House of Commons Committee of Public Accounts. Mental health in prisons. Eighth Report of Session 2017–19

In terms of what needs to be done we come back to the idea of using a trauma-informed Care approach. We have to continue to push this agenda, but we need to recognise that change will probably come from the ground up, as is happening in the north of England and in Wales and Scotland — all signs of progress. It seems to me that the further you get from London, the easier it is to do this work. But even in London we have good work going on. The London ACEs Hub has just acquired its website to promote and connect all ACE informed projects in the capital. I encourage anyone interested to go online and join us. Basically, I think you chip away at it. You do what Nadine Burke Harris is doing in the US. You make friends. You make links. You do things one pilot at a time. One prison at a time. One wing at a time, if you have to.

Of course, I would like the system to go further. I come back to my statement that much of what is done in the name of the criminal justice system is based on a false premise. The idea that we send people to prison for more punishment only creates more damage. That's why what they are doing in Norway makes sense. And don't forget, for a long time, Norway's prison system emphasised punishment and security. But challenges similar to those we currently have here — violence, drugs and high recidivism rates — combined to create enough political will to try a different approach to solving these problems. And in 1998, Norway made a sharp shift away from retribution to focus on rehabilitation.

But even if policy makers and politicians aren't quite ready to make that leap, there are other much smaller scale developments they could consider. I am thinking of Video Interactive Guidance (VIG) which is evidence-based, effective and cheap. It's a strengths-based intervention, which highlights and builds on positive moments within relationships, by using video clips of interactions to enhance and attune communication. Participants are supported to view and

then build on the 'best moments' in their interaction with others (often their children). Whilst reviewing the clip, both the therapists or guide, and the client, explore together the actions that are making a difference. Through this process of mentalisation⁷, participants increase their skills in being able to attune to the 'other' and to create more positive and fulfilling relationships with those who are important to them. The training involves a weekend only and then supervision takes place online, in whatever setting the trainee happens to be. It is the most enjoyable and effective therapy to mend relationships that I know and it can be done online with the client and child at home in these difficult times.

I would also encourage people to look at the Traumatic Attachment Induction Test (TAIT) which can be used therapeutically in a forensic setting. And there's the ACEs Overcomers Programme which teaches survivors of adverse childhood experiences how to understand trauma, so they can better care for themselves while continuing to overcome effects of trauma. And of course there is trauma-informed care which we've been talking about quite a lot. There is emerging research which demonstrates that trauma-informed care can also be useful in increasing responsiveness to evidence-based psychological interventions for offending behaviour. So, there is plenty to be done, if there is a will to do it.

MW: Let's finish up by returning to your work. I know you've just completed presenting your work to two large international conferences (online) but I wonder what's next for you and what more are you hoping to achieve over the next 12 months or so?

FZ: I must write my second book and third book! And then, I can hopefully play with my grandchildren and travel around the world to reconnect with all those whom I love and miss. There is still a lot to do.

7. de Zulueta, F. (2006) Introducing traumatic attachment in adults with a history of child abuse: forensic applications. *The British Journal of Forensic Practice* Vol. 8. Issue 3. Sept 2006.

Trauma, Psychotherapy and Therapeutic Communities

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People are drawn to psychotherapy for a multitude of reasons. One reason, which has remained an enduring feature in those who seek treatment in prison based therapeutic communities (TCs), has been the importance attached to exploring, resolving and making sense of distressing and traumatic early experiences. Whilst there are often other reasons cited for why prisoners refer themselves, the overwhelming wish to use therapy to find resolution to early abusive experiences which continue to cause distress remains a central motivation.

For over half a century TCs have provided a psychotherapeutic approach for those with a history of serious offending and complex psychological needs. This article will explore the therapeutic approach within one TC prison, HMP Grendon. It will consider why people engage within this regime and how the social climate and therapeutic milieu they offer have relevance to those with histories of trauma, abuse and neglect. It will also address the extent to which some of the approaches adopted by TC regimes can be of relevance and be applicable to other forensic settings.

Trauma and offending

Adverse childhood experiences have a significant negative impact across multiple areas throughout the lifespan¹. Studies into the long term impact of trauma and adversity have demonstrated their role in the

development of offending, violence and substance misuse². Research now suggests that exposure to interpersonal violence during key developmental stages exacerbates vulnerability to psychological distress and this has significant negative consequences throughout the course of an individual's life³. Traumatic experiences have an impact on the development and onset across the spectrum of psychiatric disorders⁴. There is also evidence that the experiences of committing an offence can, for some, have a traumatising impact on the perpetrator⁵.

Various links have been suggested between early experiences of abuse, trauma and neglect and the subsequent perpetration of abusive and violent acts. Early adversity can lead to interpersonal biases towards perceptions of threat, hostile attribution and an increased tendency towards the routine use of violence in inter-personal problem solving. Mal-adaptive coping in the form of substance misuse is frequently found in those who have experienced neglect and abuse⁶. Early adversity and trauma can also interfere with attachment and bonding leading to disorganised attachment styles⁷. A significant body of research now contends that exposure to childhood adversity can have an impact on the neuro-chemistry of the brain and in particular regions associated with the experience of fear and anxiety⁸. It is also evident that experiences of children can become re-enacted in behavioural patterns later on in their lives and that neglect, violence and sexual abuse have a significant impact on the values,

1. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
2. Jones, L (2018). Trauma-informed care and 'good lives' in confinement: acknowledging and offsetting adverse impacts of chronic trauma and loss. In Akerman, G., Needs, A., and Bainbridge, C. (Eds.), *Transforming environments and rehabilitation. A guide for practitioners in forensic and criminal justice*. Taylor & Francis Group.
3. Mahoney, A., Karatzias, T., & Hutton, P. (2019) A systematic review and meta-analysis of group treatments for adults with symptoms associated with complex post-traumatic stress disorder. *Journal of Affective Disorders*, 243 (2019) 305–321
4. Chen, L.P., Murad, M.H., Paras, M.L., Colbenson, K.M., Sattler, A.L., Goranson, E.N., Elamin, M.B., Seime, R.J., Shinozaki, G., Prokop, L.J., and Zirakzadeh, A. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: systematic review and meta-analysis. *Mayo Clin. Proc.* 85, 618–629.
5. Kruppa, I., Hickey, N. and Hubbard, C. (1995). The Prevalence of Post-traumatic Stress Disorder in a Special Hospital Population of Legal Psychopaths. *Psychology, Crime and Law* 2, 131–41.
6. Howard, R., Karatzias, T., Power, K., Mahoney, A., 2017. Posttraumatic stress disorder (PTSD) symptoms mediate the relationship between substance misuse and violent offending among female prisoners. *Soc. Psychiatry Psychiatr. Epidemiol.* 52 (1), 21–25.
7. Sroufe, L.A., Egeland, B., Carlson, E.A., & Collins, W.A. (2005). *The development of the person: The Minnesota Study of Risk and Adaptation from Birth to Adulthood*. New York: Guilford Press.
8. van Harmelen, A., van Tol, M., Dalgleish, T., van der Wee, Nic J. A., Veltman, D.J., Aleman, A., Spinhoven, P., Penninx, B.W.J.H., and Elzinga, B.M. (2014). Hypoactive medial prefrontal cortex functioning in adults reporting childhood emotional maltreatment. *Social Cognitive and Affective Neuroscience*. Dec; 9(12): 2026–2033. Published online 2014 Apr 2. doi: 10.1093/scan/nsu008

attitudes and interests subsequently developed⁹. Finally, traumatic events can lead to hyper-vigilance and heightened levels of arousal when confronted with scenarios which reflect abusive or traumatic experiences previously encountered.

Forensic Therapeutic Communities: Traditions and Background

Derived from a group based approach to treatment aimed at treating traumatised servicemen, TCs aimed at rehabilitating offenders were first established in the UK in 1962. They were able to maintain their role in providing a therapeutic service where a belief and optimism about the possibility of change had waned during an era of rehabilitative pessimism. TCs focus on the importance of creating a physically and emotionally safe environment as the basis for psychological change¹⁰. TCs provide group therapy within a social environment which also emphasises a distinct set of values, clinical practices and organisational relationships. TCs in prisons are based on certain values and principles guiding the role which residents have in their own treatment and how relationships are approached; providing residents with autonomy and responsibility, collective involvement in decision making for which people are then accountable, and an approach to organisational hierarchies where relationships between residents and prison officers are considered central to the change process. Group based psychotherapy is provided which explores the dynamic between early experiences and the impact these had on later patterns of behaviour and offending. The therapeutic regime has maintained these core features over the last half century. What has remained apparent is that the majority of those who come to a TC have experienced significant life adversity including trauma and abuse and often recognise a link between these and their own abusive patterns of behaviour.

The most important and potent therapeutic feature of TCs is the nature of the social relationships.

These are designed to encourage participation and personal empowerment in collaborative group based interactions. TCs also recognise how social factors, such as decency, respect and instilling a sense of connection and belonging are significantly tied into the process of promoting healthy identities and desistance. The growth of TCs occurred simultaneously with developments in social psychiatry which saw the importance of empowering relationships in improved mental health and wellbeing. TCs explicitly use the social relationships within the organisation as a means to foster healthy psychological development; where institutions use their capacity to empower people in their own recovery, treatment outcomes will be improved. TCs recognise that how people live within institutions and the relationships they engage in are more important than the psychological model adopted within the treatment group itself.

Group based psychotherapy is provided which explores the dynamic between early experiences and the impact these had on later patterns of behaviour and offending.

Social climate as rehabilitation

TCs emphasise a set of values rather than a particular psychological model. The primary values of TCs are those of belonging, respect and empowerment. Psychological change and social arrangements are regarded as being intertwined. The process of psychological change can be seen from different perspectives.

Primary to the change process is the learning which is derived from the inter-personal relationships across all segments of the organisation or institution. This is central to understanding how TCs work. TCs have an optimism that when relationships are organised in a certain way opportunities for personal and social learning can be created.

Whilst analytic approaches are used to understand some of the social processes and dynamics within the treatment setting and help residents develop insight into the pathways to psychological distress and competing drives and conflicts, perhaps the overriding approach which influences practice is the extent to which responsibility is given to residents and their involvement within the organisation. Organisational

9. Cohen, L. J., Tanis, T., Bhattacharjee, R., Nesci, C., Halmi, W., & Galynker, I. (2014). Are there differential relationships between different types of childhood maltreatment and different types of adult personality pathology? *Psychiatry Research*, 215, 192–201.

10. Bennett, J. and Shuker, R. (2018), "Hope, harmony and humanity: creating a positive social climate in a democratic therapeutic community prison and the implications for penal practice", *Journal of Criminal Psychology*, Vol. 8 No. 1, pp. 44-57. <https://doi.org/10.1108>

theory, recognising how structure, relationships and outcome are intertwined and interlinked, also plays a significant role in shaping practice within TCs.

There are a number of features which differentiate TCs from other approaches which adopt a 'social milieu' approach; in addition to the availability of psychotherapy groups the way in which social arrangements promote authentic relationships, responsibility and accountability are central to the clinical process. It is important to consider how these are established and maintained and how these are embedded within the psychotherapeutic work. While some communities have adaptations depending on the needs of the population they work with, most forensic TCs have the following features in place.

Community Meetings — The community meeting involving all residents and staff is the most important therapeutic activity. Taking place twice a week, these are chaired by an elected resident and their vice-chair and are the platform where community business and events are discussed and explored. This may include exploring conflicts or reviewing a resident's progress in treatment, planning community activities, and holding elections for voluntary community positions (all residents have an elected voluntary position within the community). Within these meetings community relationships are examined, residents identified who require support, and accountability and responsibility shared.

Therapy Groups — Therapy groups are facilitated by qualified clinicians and trained prison officers. The basis of the therapeutic process is an exploration of the dynamic between early experiences and later patterns of behaviour; identifying how and why these patterns of behaviour emerge within community living becomes the therapeutic process. These groups balance the insight and awareness gained from recognising the onset of patterns of destructive and harmful behaviour with empowering residents to develop alternative means of obtaining valued life goals. The process of learning is seen in the new ways of responding to, and making sense of, experiences and emotions. It is these which become the focus of therapeutic targets worked on by the group and community. Most TCs offer art therapy and psychodrama group therapy as a means of

helping to address traumatic events associated with the onset of destructive patterns of behaviour.

Regime Activities — The wider regime can provide important opportunities for residents to develop responsibility and ownership and these opportunities deliberately utilised. Residents are involved in regime planning such as arranging and hosting events alongside substance misuse, victim support or other services. All positions of responsibility are voted on by residents with an explicit focus on their relevance to identified treatment targets.

Psychotherapy and Working with Trauma

Traumatic experience has a significant impact on how people experience, make sense of and predict the world. One consequence of this which has far reaching consequences, is the impact trauma has on people's ability to develop healthy, trusting and fulfilling relationships. Many of those in the criminal justice system have experienced repeat, chronic and severe trauma in their lives. These experiences have an enduring, and often harmful effect on their beliefs about themselves and others, their self-esteem, self-concept and ability to regulate their own emotions. Janoff-Bullman¹¹ refers to the notion of trauma causing 'shattered assumptions' about

self, the world and others and what the future will hold. For people with experiences of abuse, neglect and adversity a precarious sense of self can emerge, others present as a threat, the future seen as uncontrollable, and meaning and purpose diminished.

Psychological therapies for those who have experienced trauma emphasise safe, supportive, and empowering relationships as a prerequisite for any effective treatment. Most therapies provide inter-personal support to help normalise symptoms, counteract negative self-concepts and provide a sense of support and connection to others. They also, to varying degrees, aim to provide safe and contained exposure to traumatic memories often involving an element of 're-experiencing' events in a way which aids psychological processing. This is seen as valuable in finding ways to escape the cycle of flight, fight or freeze when exposed to situations associated with the traumatic event; other approaches focus on the often

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11. Janoff-Bulman R. (1992). Shattered assumptions: Towards a new psychology of trauma. New York: Free Press; 1992.

unhealthy avoidance strategies adopted in response to life events which trigger traumatic memories or emotions, and work prioritises developing less problematic means of responding.

Many therapeutic interventions for trauma also adopt a psycho-educational element which aims to help people understand, and make sense of their symptoms, and emotional and behavioural responses. Strategies to help empower people and develop alternative, non avoidant responses to trauma associated events are taught. Some therapies have also noted how 'post traumatic growth' can occur. Where a sense of mastery over situations previously feared or avoided (for example developing interpersonal relationships, engaging in work or leisure activities, learning more healthy responses to distressing emotions) is experienced people can develop a revitalising sense of wellbeing and purpose. A therapeutic outcome for survivors of abuse can be a revised stance taken towards their own lives, and finding a sense of meaning and purpose not previously experienced.

Therapeutic Communities and trauma

Research into why prisoners become heavily invested, engaged and emotionally involved in prisons adopting the TC approach¹² suggests something important about how a custodial setting can be structured in a way which promotes psychological recovery and desistance. Analysis of the population profiles of HMP Grendon has consistently found that the population of TCs are high risk, have complex psychological needs and present with high levels of psychopathy and personality disorder. Many residents have also experienced significant problems adjusting to the environment in previous custodial settings. The question of why they choose to engage within the environment of a TC deserves some consideration. Resident narratives of what it is about the regime which engages them in their own experience of custody suggest the experience of safety, and supportive, caring and genuine relationships where they connect with others with similar shared experiences are significant. Furthermore, research has identified a number of key themes in how residents understand how the change process 'works':

Strategies to help empower people and develop alternative, non avoidant responses to trauma associated events are taught.

- ❑ Psychological vulnerability, made possible through caring, trusting and genuine relationships with others is closely linked to the experience of change;
- ❑ Being given real and genuine responsibility within a climate of accountability and empowerment provides a connection, sense of belonging and purpose which enables personal change;
- ❑ Through the empowering and trusting relationships established and responsibilities given, residents' identities become redefined and revised self-concepts emerge;
- ❑ Personal distress is reduced and personal meaning established from group therapeutic experiences which are significant in the process of change and desistance.

What is apparent is that the social climate and interpersonal relationships which residents value as central to the process of change are also those important in the personal recovery of people with experiences of trauma. Jones¹³ has argued that many features of the custodial experience are likely to exacerbate or re-traumatise those already with significant adverse life experiences and suggests that the custodial milieu can, in itself, resonate with earlier traumatic experiences. Actual and

perceived threat, exposure to violence, superficial relationships, experiences which re-enact punishment and abuse and a self-concept which reinforces the sense of condemnation or 'damaged goods'¹⁴ perpetuates a psychologically unhealthy narrative.

TCs offer an approach to incarceration and a particular social climate which has the capacity to be restorative. They also suggest that it is possible to organise a custodial setting in such a way that it can promote wellbeing and positive relationships for those who reside and work there. They offer an approach which provides a set of conditions and is organised in such a way that they are able to engage those with complex traumatic presentations and significant histories of anti social behaviour in an experience which becomes positive, empowering and psychologically meaningful. Figure 1 highlights the culture, structure and practices adopted by TCs which underpin a social

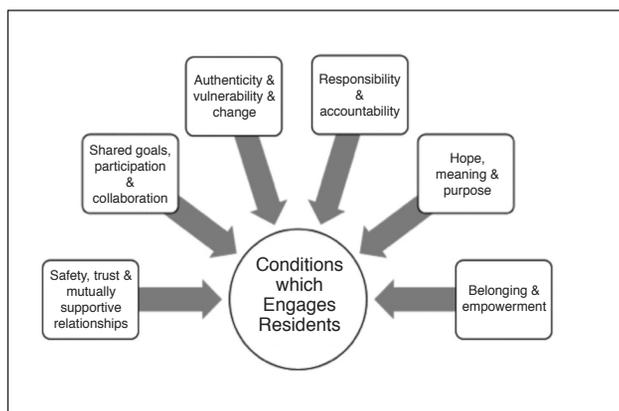
12. Rhodes, L. A. (2010). 'This can't be real': Continuity at HMP Grendon. In R. Shaker & E. Sullivan (eds.), *Grendon and the Emergence of Forensic Therapeutic Communities*. John Wiley & Sons.

13. Jones, L.F. (2015) The Peaks unit: from a pilot for 'untreatable' psychopaths to trauma-informed milieu therapy. *Prison Service Journal*. 218, 17-23.

14. Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington: American Psychological Association.

climate where residents feel safe and empowered to engage in their own experience of imposed incarceration. These provide a social and emotional context where the conditions are present for trauma focussed work.

Figure 1: TC culture, structure and values



There are a number of questions which need to be addressed. How do these social arrangements and structures become established so they become relevant to those with experiences of trauma? What practices and arrangements within a prison can be put in place to promote a culture responsive to trauma? To what extent is the learning from TCs of relevance to other custodial settings?

Evidence from TC practice and research strongly suggests that it is traumatic experiences themselves which often drive residents to take part in therapy. Residents attach significant personal meaning to these experiences as those which have been pivotal in shaping and perpetuating patterns of violent and destructive offending. As observed above, accounts of the experiences of those in therapy have identified a number of core features about the process which enable them to find the experience personally meaningful and to make sense of, and often find some resolution to the distress associated with traumatic experiences. As highlighted earlier TCs reflect a set of values and principles rather than one over-arching psychological model. Whilst the treatment model was not designed specifically for the treatment of trauma, it is certainly noteworthy that the patients of some of the earliest post-war TCs set up in England were traumatised servicemen where they experienced the relationships and empowerment within this process as key features in their recovery.

The question of how a regime can be responsive to some of the needs of people with significant trauma may seem to be one which is too complex to lend any easy or simplistic answers. However, TCs do tell us that

it is possible to establish a prison regime in such a way that those with histories of trauma find the experience safe, validating and restorative.

The question of what features of the culture and values embedded within TCs are relevant to trauma, and how these can become part of their practice, needs to be addressed. The culture of TCs, the practices which help sustain them and their relevance to the treatment of trauma will now be considered.

Therapeutic communities and trauma responsive culture, values and practices

Culture of responsibility, belonging and accountability — The presence of empowering and affirming experiences within a social context where people feel a profound sense of belonging and attachment are regarded as central in a journey of redemption, desistance and personal change¹⁵. The experience of belonging can provide validation and empowerment which have seldom if ever been experienced; likewise personal accountability within a supportive climate has been identified as an important stage in restorative practice¹⁶. Accountability and belonging is shaped by a culture of shared goals where all have a role in these being met. TCs provide structures and processes which create and sustain a social climate where residents feel a sense of attachment and personal involvement.

Practices

- * Residents all have valued voluntary positions
- * Key decisions about community life are discussed and decided upon by residents and staff
- * Communities have a resident elected chair who manages the running of the community enabling dialogue and accountability
- * The routine use of first names for all staff and residents
- * Shared ownership of writing a constitution governing rules, expectations

Collaboration, safety, and the culture of purpose — Safety and experiences which promote autonomy and agency are important in trauma recovery. Within TCs this becomes possible where residents and staff identify and work towards achieving basic goals of safety and purpose. The collaboration and alliances created in joint involvement in working towards mutually valued goals establishes meaning and purpose necessary as part of recovery and wellbeing. Activities which allow collaboration and where shared informal

15. Ward, T., & Maruna, S. (2007). *Rehabilitation: Beyond the risk assessment paradigm*. London: Routledge.

16. Oudshoorn, J. (2016) *trauma-informed Rehabilitation and Restorative Justice*. In Gravielides, T. (ed.), *The Psychology of Restorative Justice*. London: Routledge

time is prioritised have clear impact on relationships and residents' experience of authority.

Practices

- * Staff and resident collaboration in organising events (social, charity, recreational)
- * A culture of safety is shaped by structures and activities which allow dialogue and discussion
- * Shared social spaces such as meal time and open office policy
- * Jointly established "constitutions" which all are involved in developing and revising
- * Personally meaningful goals collaboratively established by the community with each resident
- * Staff supervision and support embedded within TC process
- * Ongoing team dialogue and discussion in daily clinical briefings, reflective practice.

Hope, Affirmation and Empowerment — Being part of an experience which has value and meaning has well recognised psychological benefits. For those with experiences of trauma it can lead to renewed self concept and self narrative. Residents attending TCs often arrive hopeful and confident that they will be able to derive something meaningful. This sense of belief that therapeutic work has potential to be redemptive and restorative is a critical factor in how residents are able and prepared to invest themselves in the process of their own incarceration.

Practices

- * Giving responsibility to residents in the form of decision-making, chairing meetings or voluntary community roles can in itself be an affirming process where capabilities are defined
- * Renewed identities formed by expectations given to residents and by the trust invested and responsibilities given
- * Established and recognised therapeutic ethos, goals and purpose — residents' belief and hope becomes established at the pre referral stage
- * Peer involvement and participation throughout the therapeutic process (clinical formulations, target setting, interpersonal feedback)
- * Achievement and success recognised, acknowledged and celebrated
- * Residents involved in planning and hosting communities events (such as drug awareness, restorative justice, diversity).

Trusting and respectful relationships — Therapeutic alliances are central to therapeutic outcomes for those experiencing psychological distress. Establishing trust and respect in a culture where division and separation are often unintended outcomes, can be

a challenging process. Activities and structures which present opportunities for connections can help foster relationships, create new belief systems, and enable the psychological containment and safety needed for those with experiences of trauma and adversity.

Practices

- * Events to mark the joining and leaving of residents or celebrating success
- * Involving residents in the interviewing of staff enables them to feel valued, empowered and trusted
- * Informal time between staff and residents emphasised and prioritised
- * Prison officers co-facilitating therapy sessions
- * Events creating dialogue and connection using community meetings, family days, social and games evenings.

Vulnerability and authenticity — Residents routinely experience the time in TCs as one which is demanding and psychologically challenging compared with their usual experiences of imprisonment. Resident accounts of their experiences highlight the importance they attach to being able to confront distressing thoughts, memories and feelings; they acknowledge that their interpersonal presentations can often be a 'front' masking psychological vulnerability. Residents' experiences also suggest the importance of adopting a more 'authentic' self where vulnerabilities or weaknesses are not concealed; learning strategies which are no longer based on continued avoidance of distressing feelings, or prevent personal weakness from being exposed, are those viewed as central in personal recovery and change. The process of support and empowerment where residents are encouraged to take positions of responsibility, develop relationships which may previously have caused anxiety or fear, and discuss rather than act out feelings of shame and anger are features of community living which appear particularly important to those with well-established avoidance strategies.

Practices

- * Behavioural targets aimed at developing a revised sense of self confidence and self concept
- * Supportive community feedback when avoidance behaviours are modified such as dealing with conflict and emotional expression
- * New positions of responsibility assumed which lead to revised beliefs about self and others
- * Encouragement to take psychological risks such as making relationships with staff or residents from different backgrounds
- * Supportive group therapy allowing residents to express distressing emotions such as shame, loss or grief.

Group Psychotherapy — Psychotherapeutic group work can for many be experienced as psychologically liberating in its ability to help people identify, disclose and find acceptance of experiences which have caused distress. Residents often refer to a concept of 'masks' which have been worn throughout their lives. These have been adopted in order to disguise, avoid and conceal vulnerabilities, distress and pain. Finding resolution to or developing greater acceptance of feelings such as shame, humiliation, rage and loss are often cited as reasons for seeking therapy in TCs. Psychotherapy serves as a route by which the masks needed to protect themselves from further trauma no longer become necessary. Therapy groups are experienced as psychologically healthy by those with histories of adverse experiences in a number of different ways; they have value in connecting with others with similar experiences, offer safety and support instead of the condemnation and ridicule feared, and instil a sense of belonging, hope and meaning.

Outcomes

Outcomes for those completing treatment in TCs have consistently suggested that residents experience improvements in the inter-personal and emotional difficulties often associated with complex trauma and adversity¹⁷. Improvements are evident in relationships, personal agency, self-esteem and revised narratives on how they see their self-worth and individual capability¹⁸.¹⁹ For the vast majority of residents their time in a TC is experienced as fulfilling, rewarding and transformative.

Residents also report that the experience can be exceptionally challenging and often one of the most demanding prison experiences they have encountered. All relationally based services have a responsibility to ensure that any risks of adverse outcomes are acknowledged and identified. Psychotherapy has a potential to be emotionally and inter personally intrusive. The democratic process can for some lead to feelings of rejection or abandonment and complex inter personal dynamics where residents experience group processes as attacking or invalidating need acknowledgement and careful management. Having an understanding of what may lead to adverse outcomes and incorporating this into treatment planning is crucial; training, supervision and support which is able to provide an understanding and help staff make sense

of residents' reactions and responses needs to be embedded into services. Giving responsibility and ownership to a resident community provides significant opportunities for growth and development. Risks also emerge which need to be recognised and managed in a proportionate and transparent way.

Trauma-informed approaches and the wider impact of Therapeutic Communities

A number of recent innovations have been derived from TC practice which have formed the basis of prison regimes designed to support those with personality disorder and complex needs. Psychologically Informed Planned Environments (PIPEs) and Enabling Environments (EEs) have been developed based on the relational principles of TCs; these principles centre around the values of respect, decency, collaboration and involvement. Paget and Woodward²⁰ discuss how these values promote 'belonging and inclusivity, safety and containment' which in turn support a positive approach to risk, necessary for learning and inter-personal growth. These services provided in prisons and approved premises in the community offer a relationally based supportive environment designed to engage those with complex needs, often with histories of complex trauma, in their sentence and provide a safe and predictable environment in which to progress.

TCs tell us something about what it is that is important to those who have experienced trauma. Finding meaning and purpose is important; so is finding resolution, and even a sense of redemption, and breaking engrained, destructive patterns of behaviour. Supportive relationships have a capacity to empower and disconfirm unhelpful assumptions about oneself and others. Those in custodial settings can become deeply invested and committed to making an environment safe and restorative. Accountability and responsibility can create a renewed view of self and individual capability. For those wishing to address a traumatic past, trust and belonging is regarded as a key part of the process of change. A culture of division and separation which heightens perceived threat and suspicion can adapt and change where shared goals are identified and pursued, and where these enable connection and collaboration. It is evident that their principles have broader relevance beyond the small number of prisons which run as TCs.

17. Bennett, J. and Shuker, R. (2017), "The potential of prison-based democratic therapeutic communities", *International Journal of Prisoner Health*, Vol. 13 No. 1, pp. 19-24.

18. Newberry, M. (2010), "A synthesis of outcome research at Grendon therapeutic community prison", *Therapeutic Communities*, Vol. 31 No. 4, pp. 357-73.

19. Stevens, A. (2013), *Offender Rehabilitation and Therapeutic Communities: Enabling Change the TC Way*, Routledge, Abingdon.

20. Paget, S. & Woodward, R. (2018). The Enabling Environments Award as a transformative process. In Akerman, G., Needs, A., and Bainbridge, C. (Eds.), *Transforming environments and rehabilitation. A guide for practitioners in forensic and criminal justice*. Taylor & Francis Group.

Nothing works to reduce reoffending. Could psychological therapies be the answer?

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The endless cycle of reoffending

Breaking the cycle of reoffending is the holy grail of the criminal justice system. And we are no closer to that now than we have been at any point in the last 25 years. Despite the various experiments conducted since the 90s, the reoffending rate has not budged. Public policy initiatives have yielded almost no impact on reduced reoffending — from short sharp shocks, to justice reinvestment; from a focus on prolific offenders, to restorative justice. We've had a rehabilitation revolution, payment by results, the first coalition government since the war, and, since 1992, we've nearly doubled the prison population. Yet the reoffending rate has not changed in those decades. Whatever we do, roughly half of all adult prisoners released from prison reoffend within one year¹. For juvenile offenders it is nearer 70 per cent. It seems that nothing works.

The reason for that might be staring us in the face. There has been no serious, sustained, or systemic attempt to grapple with the fundamental underlying problem — the sheer extent of mental illness among the prison population. None of the approaches listed above have paid any serious attention to the defining characteristic of the prison population — 90 per cent of prisoners have mental health problems². Or at least that was the figure 20 years ago. The government does not currently know how many people in prison are mentally ill. This unlikely admission surfaced at a recent Public Accounts Committee (PAC) hearing into mental health in prison³. It is particularly surprising given that the assessment undertaken by the Department of Health and published by the Office of National Statistics, in

2001, revealed that fully 90 per cent of prisoners have a mental health condition⁴. Given that finding, you might expect the work of the following decades to have been to interrogate, codify and quantify that still further. In fact, we are in the curious position of now effectively knowing less.

We have data on the number of prisoners who protest on the roof, barricade themselves in their cell, and who were released in error. We know what percentage of prison establishments hit their target for riot training, how many prisons operate within budget, how many sick days are lost annually, and how many ex-offenders are in employment six weeks following release (just 4 per cent). And much much more besides⁵. The MoJ is a data-driven department, after all⁶. But there is no information on mental health in that same data-set. Not even basic census data, of the kind that is conducted every seven years in the community by NHS England (the Adult Psychiatric Morbidity Survey)⁷.

Although our prison data on mental health is 20 years old, in this edition of the journal, Felicity de Zuleta, Emeritus Consultant Psychiatrist at the South London and Maudsley NHS Trust, says there is no reason to suppose the estimate of 90 per cent of prisoners suffering from mental ill health has shifted to any great extent. There is certainly no good reason to suppose it has improved. Firstly, the rise in suicide and self harm, lamented at the PAC, indicates a decline in mental health (the number of self-harm incidents rose by 73 per cent between 2012 and 2016, according to the National Audit Office⁸). Secondly, the figure of 90 per cent broadly tallies with international comparison data and also accords broadly with a more local picture. When the PAC visited Wormwood Scrubs as part of

1. Ministry of Justice. Proven reoffending statistics (2018). Published 30 January 2020
2. Singleton N, Gatward R (2001) Psychiatric Morbidity among Prisoners: Summary Report. Office for National Statistics London.
3. Mental Health in Prisons (Eight Report of Session 2017-19) House of Commons Committee of Public Accounts
4. Singleton N, Gatward R (2001) Psychiatric Morbidity among Prisoners: Summary Report. Office for National Statistics London
5. Justice data at gov.uk. <https://data.justice.gov.uk/prisons>
6. Civil Service Blog Post - 27 June 2016: Sir Richard Heaton '5 ways we are putting data in the driving seat'. <https://civilservice.blog.gov.uk/2016/06/27/5-ways-we-are-putting-data-in-the-driving-seat/>
7. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England. 29 September 2016. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey>
8. National Audit Office Report: Mental Health in Prisons 29 June 2017

their enquiry, the mental health in-reach team reported 70 per cent of the prisoners with underlying mental health needs⁹.

Mental illness is the defining characteristic of the prison population

But what precisely do we mean when we talk about mental health? Mental illness comes in different forms and exists on a continuum. Psychosis, schizophrenia and delusional disorders are its extreme forms. But that does not make up anything like the mainstream of mental illness in the community or in prison. The National Institute for Health and Care Excellence (NICE) estimates that schizophrenia affects 0.7 per cent of the UK population¹⁰. The Office for National Statistics/ Department of Health Survey (ONS/ DH Survey) mentioned earlier, found higher rates of psychosis in the prison population, but estimated only 1 per cent of the adult sentenced male population met the clinical definition for schizophrenia.

Nor are we talking about the other end of the spectrum — what psychiatrists call neurosis: sleep problems, anxiety, or panic, for example. While sleep problems and anxiety are more manifest in prison, the prevalence of actual neurotic disorders (as distinct from neurotic symptoms) were relatively low in the ONS/ DH survey. Only 3 per cent of the male adult sentenced population met the criteria for panic disorder, while 8 per cent met it for generalised anxiety disorder. At roughly the same time (2000), the government estimated the prevalence of generalised anxiety disorder in the general population at 4.4 per cent¹¹.

So what does make up the bulk of mental illness in prison? Principally two groups, according to the ONS/ DH survey: those with substance misuse problems and those fitting the criteria for personality disorder (often they are one and the same). In the ONS/ DH survey, 78 per cent of male remand prisoners met the criteria for personality disorder, in line with a contemporaneous estimate in the US. Antisocial personality disorder in particular had the highest prevalence. In the ONS/ DH survey, 63 per cent of male remand prisoners who were diagnosed with a personality disorder were diagnosed

with antisocial personality disorder. The latest version of the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders — published by the American Psychiatric Association) states that in prison, the prevalence of antisocial personality disorder is often greater than 70 per cent¹². In her work on psychopathology, Lemma says that in prison, in the UK, prevalence is anything up to 76 per cent¹³.

In terms of substance misuse, 63 per cent of adult male sentenced prisoners reported hazardous drinking in the year before coming into prison, according to the ONS/ DH survey (that is, alcohol consumption which confers a risk of physical or psychological harm). In the same survey, nearly 80 per cent of prisoners described illicit drug use at some time in the past. Of those in prison for burglary, 70 per cent reported drug dependence. Those figures probably make intuitive sense to those of us who know prisons from an operational and/ or policy perspective. When it comes to substance misuse we feel we understand something of the scope and scale of the problem. But what about personality disorder? What on earth is an anti-social personality disorder?

Personality disorders are generally characterised by enduring maladaptive patterns of behaviour and thinking that deviate markedly from social norms. These patterns have their onset in adolescence and are fixed over time. The DSM list ten types of personality disorder (many of which overlap). The specific characteristics of antisocial personality disorder are a pervasive pattern of disregard for others, which starts early (15 years old) and persists into adulthood. Diagnosis also needs to include at least three of the following: failure to respect the law; deceitfulness; impulsivity; aggressiveness; reckless disregard for the safety of self or others; failure to sustain consistent work or honour financial obligations; lack of remorse and indifference to others. Theodore Millon, Emeritus Professor at Harvard Medical School, who specialised in this area, described an individual with antisocial personality disorder as impulsive, irresponsible, deviant, and unruly. He says they act without consideration for others and only meet social obligations when in their own interest. They disrespect society's rules and violate other people's rights¹⁴.

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9. Mental Health in Prisons (Eight Report of Session 2017-19) House of Commons Committee of Public Accounts

10. Psychosis and Schizophrenia in Adults: NICE Guideline on Treatment and Management 2014

11. Adult Psychiatric Morbidity Survey (McManus et al, 2009)

12. DSM-5 Diagnostic and Statistical Manual of Mental Disorders. 2013

13. Lemma, A (1996) Introduction to Psychopathology. Sage.

14. Millon, T (2014) Personality Disorders in Modern Life. John Wiley & Sons; 2nd edition

Prisoners are overwhelmingly violent and anti-social too

Taken together, that sounds like a pretty accurate summary of an average prisoner: antisocial, aggressive and often violent. To some, it probably doesn't sound much like a description of mental illness though. Millon tends to agree. Personality disorders are not disorders in a medical sense, he says, rather they are a means of describing the ways in which the personality system functions maladaptively¹⁵. Put even more simply, a person with a personality disorder has a seriously disturbed way of thinking. In the end, that is what most mental illness is. A personality disorder is a condition that affects how you think, feel, and behave towards other people. It's a disturbed way of thinking that leads to disturbed ways of relating. That pattern has become so ingrained it becomes part of your personality. Personality disorders are perhaps best understood as an extreme personality type. We all have a tendency to be impulsive, irritable or indifferent to others from time to time, but this tends to come and go. For a diagnosis of antisocial personality, these tendencies must be part of the person's everyday personality.

Criminal behaviour is a key feature of antisocial personality disorder. These are the central tenants of the prison population: offenders have tried to solve their problems through antisocial and often violent means, because of their skewed way of looking at the world. A person with an antisocial personality disorder gets easily frustrated and has difficulty controlling their anger. They will likely blame other people for problems in their life, and be aggressive and violent in response. The US Law Professor John Pfaff says we have got to stop kidding ourselves about the characteristics of the prison population. People convicted of violence in the US. are now the single largest group in prison — about 55 per cent. Half of those are in for murder, manslaughter, rape or sexual assault¹⁶. The same is true in the UK. The most common crime type is 'violence against the

person'. The next highest is 'sexual offences'¹⁷. Non-violent crimes have low custody rates. Government research in 2012 showed only 6 per cent of prisoners have no previous convictions¹⁸. This tells even those who campaign for prison reform, like Pfaff, that you have to commit a very serious offence, or multiple offences, to end up in prison.

In an interview in this journal, Professor Danny Dorling says that he had initially assumed the UK had one of the highest rates of imprisonment in Europe because we sentenced more harshly¹⁹. In fact he found that we were less likely to imprison people for similar offences than countries with a lower prison population. What has actually happened is that we have become more violent, he says. Any initiative which doesn't wrestle with the central fact that prisoners are anti-

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social and violent will fail, whether it's a scheme for getting them a job on release or another boot camp. Improving literacy, providing more opportunities for employment and somewhere to live on release, are necessary, but not sufficient. Prisoners will squander those opportunities without help for their entrenched and distorted ways of thinking. The rehabilitative schemes that have been successful are the exception. And they are distinctly small scale. James Timpson recently tweeted that his company now employs 645 ex-offenders. As he pointed out,

that is roughly the same number held in a medium-sized prison. Impressive. But Timpsons have been working in prisons for 15 years. There are roughly 70,000 offenders discharged every year²⁰

So what's the alternative?

So what should we do instead? Well, however difficult, we should treat the sheer extent of mental illness we see around us. We cannot hope a job, a bank account, or a training scheme fixes an ingrained antisocial pattern of thinking and behaving. The management and treatment of personality disorder and substance abuse is challenging — by definition these

15. Ibid

16. Pfaff, J (2014) *Locked In: The True Causes of Mass Incarceration and How to Achieve Real Reform*. Basic Books; Illustrated edition (4 May 2017)

17. Justice data at gov.uk. <https://data.justice.gov.uk/prisons>

18. Research Summary: Ministry of Justice, 2012.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/219801/proven-re-offending-after-release.pdf

19. Prison Service Journal, 11, 198, 55-60.

20. Ministry of Justice. Proven reoffending statistics (2018). Published 30 January 2020

are enduring problems. But beyond depriving prisoners of their liberty and not letting them escape (which we have become very good at) this is literally the purpose of the prison and probation service — it exists to change lives and rehabilitate people²¹. We have to start taking the problem of mental illness more seriously and pursuing rigorous and effective treatment options.

The only thing that is known to work with personality disorder, is psychotherapy. The drugs probably don't work. The 2020 Cochrane review concluded that there is insufficient and inconclusive evidence to support the use of pharmaceuticals for antisocial personality disorder. In the US, there are no medications approved by the FDA to treat antisocial personality disorder. So, let us consider what treatment might look like. And let us keep in mind first that therapy is not listening to hard-luck stories, or enquiring into the circumstances that led to the commission of appalling crimes in an overly solicitous voice. We're not doing this to be good samaritans to 'poor murderers', as Dr James Gilligan says of his work with violent offenders in the US.²². We're doing this because we need to know what causes violence in society and how to reduce it.

Therapy done right is difficult, intense work. The task of therapy is to unravel the patterns of the past, in order to make a better future. To 'prevent the next victim', in the vocabulary of prison and probation. Therapy is about understanding how the past affected you, in order to take responsibility in the present. To 'own it', in the modern parlance. Therapy says, you cannot go round it, you have to go through it. For all the tough talk about prison, prisoners are seldom required to take much responsibility for themselves. When prison staff challenge prisoners on their anti-social behaviour it is usually as a last resort and via formal disciplinary procedures, designed to uphold prison rules. Between 2010-15 there were nearly 30 per cent fewer of them to do even this²³.

Therapy on the other hand confronts those anti-social attitudes directly. To work effectively with

personality disorder, therapists must confront the default to anger and aggression. Marsha Lineham, the originator of an evidence-based treatment designed to work with personality disorder, says to her angry clients, 'cut it out... I don't like it'²⁴. She is aware that anger functions as self-protection, a way of masking the hurt associated with growing up with neglectful or abusive parents. And she acknowledges that the children of such parents are entitled to their feelings. But acting those out in therapy, or in life, is another thing. Extreme anger is probably what landed you in prison. So she intervenes strongly and immediately by saying, this is not effective, cut it out.

A similar principle operates in 12-step recovery. You have got to put down the drink or drug or other compulsive behaviour first. Nothing useful can happen while you're numbing your feelings or in black-out. Therapy only works if you can give an honest description of your experience. Otherwise it is bullshit, as Dr Steven J Lee says²⁵. He is a doctor based in the US, who specialises in addiction. Addicts require a strong stance from their therapist. That means, he says, "I confront them respectfully by saying, "I think you're bullshitting me". It is often the only way to break through the denial and rationalisation that often characterises addiction.

Therapy is not about being nice to criminals

Levenson says we need to get away from the idea that the therapist is always a benevolent or concerned person²⁶. He says he is absolutely not hanging on every word his client says, nor does he want them to think he is. He is often actually more interested in what they are not saying or what they want to avoid talking about. He's trying to deconstruct their version of events, to question and probe the story they are telling. Therapy, in this model, is not about 'giving a voice' to someone or 'honouring their story'. Therapy may do this, but en route to, and in the service of, a change in some aspect of thinking, feeling and behaviour.

...therapy is not listening to hard-luck stories, or enquiring into the circumstances that led to the commission of appalling crimes in an overly solicitous voice.

21. Her Majesty's Prison and Probation Service: What Her Majesty's Prison and Probation Service does. <https://www.gov.uk/government/organisations/her-majestys-prison-and-probation-service>

22. Gilligan, J. (1997) *Violence: Reflections on a National Epidemic*. Pantheon Books.

23. Institute for Government, Performance Tracker, Prisons, 2019 <https://www.instituteforgovernment.org.uk/publication/performance-tracker-2019/prisons>

24. Marsha Lineham - Borderliner Notes - <https://youtu.be/xFiMTXn5An4>

25. Zimmermann, S. (2019) *Fifty Shrinks*. Steven J Lee.

26. Levenson, E (2006) *Fifty Years of Evolving Interpersonal Psychoanalysis*. www.researchgate.net

That is the paradox of therapy. Therapy will often be the first time the story of childhood pain and neglect has been told or heard. So part of therapy is listening to and honouring the story of how an individual adapted to those circumstances and survived²⁷. But that is only half the story. The behaviour that was adaptive in childhood has often become maladaptive in adulthood. Abuse or neglect is only part of the story. Good therapy does not allow the story to stop there. The point is to move on from self-serving, self-preserving, self-sabotaging versions of events. We see this time and time again in the minimising, obfuscation and 'forgetting' that is characteristic of prisoners accounts of their offending (see Dr Roger Grimshaw's article in this edition). At best those versions of events are incomplete. They represent an incoherent narrative in attachment terms,²⁸ in which the individual has yet to come to reconcile what happened to them with what they have done to others to land themselves in prison.

That perhaps is the essence of therapy with those who have had multiple adverse childhood experiences — to come to terms with the vulnerability and shame that is inherent in an abusive or neglectful upbringing. Therapy asks us to confront why we have such fear of, and aggression towards, other people. What purpose do those defences serve? Usually to protect us from anything like that ever happening again. 'I don't trust anyone/ 'I am an island'/ 'I'll get my revenge in first' are all presentations aimed at defending ourselves against others. Therapy is relentless. It asks what would happen if you took down the defence? In the service of growth and change and a better future, it asks if you can try? If you can try, briefly? And if you were not ready to try at the start of the session, or during the last session, it asks if you are ready to try again now? Each session of therapy exists to put you in touch with as much of your true feeling as you can bear²⁹.

This kind of challenge, with addicts and those with personality disorders, is often conducted, at least in part, in groups. Group work is crucial for people with

antisocial personality disorder as many live within cultures defined by barely restrained violence and implicit threats. They are more likely to be influenced (and effectively challenged) by their peer group who understand their world. They may see clinicians as unlikely to understand either their socio-cultural context or the constant mental alertness about others motives that is required to survive in such communities³⁰. The 12-step model of addiction recovery is famously built around the group too. Group members are often best at spotting, calling out, and challenging, the defences that play in addiction. Defences mask pain. In the case of substance misuse, Edward Khantzian, professor of psychiatry at Harvard Medical School, says addicts are not pleasure seekers or even self-destructive characters, but rather individuals in pain, who are seeking comfort³¹. They cannot regulate their own emotions. They don't have the experience, confidence or trust to turn to others to help them. The pain they suffer is relieved temporarily with addictive substances. This is known as the self-medication hypothesis. It is now one of the best accepted theories in the field of addiction recovery.

Adverse early experiences (and broken attachments) are the primary clinical issue

The external presentation which suggests a 'couldn't care less' attitude or general disdain for others, in fact belies anxiety about not being good enough or worthy of love. It is armour. A dismissing attachment style ('you don't matter to me/ you can't hurt me'), is the product of neglect or abuse. It defends against the problem of low self-worth. Bravado and swagger are also used to cover low self-worth — with others cast as 'idiots' or 'enemies', so they can be dismissed³². This the devaluing position — redolent of children who now, as adults, are incredibly cautious about risking again the feelings of dependency that were ridiculed or ignored in childhood³³. Shame is often behind self protection, it speaks to indignity, defeat, inferiority, alienation³⁴.

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27. Crittenden, P (2011) *Assessing Adult Attachment*. W. W. Norton & Company
28. Holmes, J (2001) Attachment and narrative in psychotherapy
29. Malan, D (2020) Brief psychotherapy: Practice and research. In: *The Tavistock Century: 2020 Vision*. Phoenix, Bicester, pp. 199-203.
30. Bateman & Fonagy (2019) *Handbook of Mentalizing in Mental Health Practice*. American Psychiatric Association Publishing
31. Khantzian, E. The Self Medication Hypothesis in Gill, R (2014) *Addictions from an Attachment Perspective*. Routledge.
32. Yeomans, F et al. (2002) *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*. Jason Aronson
33. Wallin, D. (2015) *Attachment in Psychotherapy*. Guilford Press.
34. Henderson, D (2006) Shame as an achievement in analytic training. *Psychodynamic Practice: Individuals, Groups and Organisations*, Volume 12, 2006 - Issue 3

By confronting these feelings in therapy, the aim is that they diminish over time. You come to realise that your fears of being humiliated or criticised are unrealistic. They diminish as you are exposed to a calm, caring and non-violent individual, in the form of your therapist. The therapist turns out not to simply be like every other figure from your past. In therapy, you can have the experience of being vulnerable and not being taken advantage of. Progressive exposure to previously warded-off emotional states, eventually robs them of their power. In time, you can take those kinds of risks in 'real life' or on the wing — not everyone is out to get you.

Early attachment relationships are deeply ingrained and encoded within us. They form the pathway along which we develop³⁵. Our experience of how our first caregivers treat us shapes us. That becomes our internal working model. A child who has an internal working model of caregivers as unloving or rejecting will in turn hold themselves to be unlovable and will anticipate rejection. In time they will find ways to cover up that vulnerability and defend against it. They might pretend they are 'hard as nails', they 'couldn't care less', or they 'prefer being on their own'. Over time, our ways of defending ourselves are woven into the fabric of our adult lives and they become part of our enduring personality. That is probably the easiest way to conceive of a personality disorder.

The most astonishing finding from attachment research, is that attachment classifications at 12 months accord with attachment classifications in adulthood, approximately 75 per cent of the time³⁶. It is a finding replicated over multiple decades of research and one which cements attachment theory as arguably the dominant paradigm in contemporary developmental psychology^{37/38}. It suggests that our patterns are set early in life and then repeated over and over. 'We do as we've been done by', in Bowlby's somewhat ominous phrase³⁹. But in therapy those attachments can also be

undone. And then re-formed. Therapy breathes new life into Bowlby's phrase. Therapy provides an opportunity to have a different relationship. As we deconstruct the attachment patterns of the past, we also construct new ones in the present. An experience of deep and genuine care, even from someone who starts out as a complete stranger, can be powerfully transformative, especially in a life previously characterised by neglect and abuse.

Sure, not everyone can take that kind of intense therapy. But as Fonagy points out, mandated and 'imposed' treatment can work surprisingly well for those who are suspicious and rejecting and who would not come forward voluntarily; they often subsequently find their interest is engaged and, in time, develop trust in the process⁴⁰. Of course still not everyone is motivated. But as Lineham reminds us, more people can take this form of treatment than you might first think. To clients who say they cannot tolerate the feeling of sadness, she says ok, so just tolerate it for five minutes. If they flat out deny they are sad, she says, ok indulge me, if you were ever to be sad, what in your life might you feel sad about. She is making the point that to struggle and find something hard is entirely different to accepting that one is utterly unable to try⁴¹. This is advice aimed at therapists and service providers too — do not give up on those with more severe problems and presentations.

In part, Lineham takes such a strong stance because she has been there. Literally. She spent two years of her early life on a locked ward, slashing her arms, wrists and abdomen with any sharp object she could find. Banging her head against the wall and floor when she was put in isolation and had her possessions confiscated. 'At times, the most disturbed patient on the ward', her discharge notes read. She had several courses of electro-convulsive therapy during her stay. She tried to kill herself twice. She now regards herself as having suffered from a personality disorder.⁴² She is

In therapy, you can have the experience of being vulnerable and not being taken advantage of. Progressive exposure to previously warded-off emotional states, eventually robs them of their power.

35 Cassidy & Shaver (2018) Handbook of Attachment, Third Edition: Theory, Research, and Clinical Applications

36 Bateman & Fonagy (2019) Handbook of Mentalizing in Mental Health Practice. American Psychiatric Association Publishing

37 Schwartz, J (2003) Cassandra's Daughter: A History of Psychoanalysis. Routledge

38 Wallin, D (2015) Attachment in Psychotherapy. Guilford Press

39 Bowlby, J (2005) A Secure Base. Routledge.

40 Bateman & Fonagy (2019) Handbook of Mentalizing in Mental Health Practice. American Psychiatric Association Publishing

41 Lineham, M (1993) Cognitive-Behavioral Treatment of Borderline Personality Disorder. Guilford Press

42 Lineham, M (2021) Building a Life Worth Living: A Memoir. Random House.

77, a professor at the University of Washington, a fellow of the American Psychological Association, and holder of the Gold Medal Award for Lifetime Achievement in the Application of Psychology.

Therapy requires proper resource

The Maryland Report⁴³ in the US made clear some time ago that vague, unstructured counselling with offenders does not work. Bateman and Fonagy are clear that within their protocol for working with personality disorder, challenge or 'stop and stand' as they term it, is a critical component⁴⁴. Impassive 'listening' approaches are contraindicated and should not be used (and may in fact be damaging) according to Khantzian⁴⁵. Counselling in prison — often provided by volunteers or voluntary organisations — put bluntly, has the potential to do more harm than good. The voluntary, small scale nature of most counselling initiatives are the opposite of the serious, sustained, systemic approach needed. Change of this kind — intensive psychotherapy — is a serious endeavour. It needs to be backed by resource. Therapy with those who have a diagnosis of personality disorder is difficult. But not so difficult as we've sometimes chosen to believe⁴⁶. Bateman and Fonagy lament the continued lack of treatment in criminal justice, especially when there are innovative treatment protocols in place (MBT-ASPD, being just one)⁴⁷. The results of the five-year randomised control trial of MBT-ASPD for adult offenders, led by the University College London, are due soon. If successful, it should be rolled out nationally, as soon as possible, in prisons and probation.

Decades of research in the community consistently show an effect size of 0.8, which is larger than almost all interventions in cardiology, and is greater than the success rate of flu vaccinations.

We know psychotherapy in the community is incredibly effective. Decades of research in the community consistently show an effect size of 0.8, which is larger than almost all interventions in cardiology, and is greater than the success rate of flu vaccinations⁴⁸. But findings from the community, however favourable, may not simply generalise to forensic settings. They have to be tested. Given the high rates of mental health problems among prison populations, the lack of large-scale intervention studies is puzzling⁴⁹. A recent review in *The Lancet* points to a lack of funding, and a lack of interest in prisoner health compared with community health, as reasons for this⁵⁰.

Research has consistently shown that prisoners have high rates of psychiatric disorders, and in some countries there are more people with severe mental illness in prisons than psychiatric hospitals⁵¹, yet we still know so little about the outcome of those treatment interventions that do exist⁵². The *Lancet* review (which looked at recent systematic reviews and meta-analyses from around the world) did nevertheless find that, compared with medication, there have been more controlled trials of psychological therapies in prisons (albeit typically small scale studies). They comment that a variety of CBT-based therapies studied in prison populations, particularly with those with substance misuse issues, demonstrate effectiveness compared to drug and alcohol education or no treatment⁵³. In one particular study, 120 prisoners were randomised to receive individual CBT, combined individual and group CBT, or placed on a waiting list. The same study reported improvements in psychological well-being for the sample receiving combined therapy, relative to controls⁵⁴. A further study

43. University of Maryland Department of Criminology and Criminal Justice "Preventing Crime: What Works, What Doesn't and What's Promising (1997).

44. Bateman & Fonagy (2019) *Handbook of Mentalizing in Mental Health Practice*. American Psychiatric Association Publishing

45. Khantzian, Ed. *The Self Medication Hypothesis* in Gill, R (2014) *Addictions from an Attachment Perspective*. Routledge.

46. Salekin, R (2002) *Psychopathy and therapeutic pessimism. Clinical lore or clinical reality?* *Clinical Psychology Review*.

47. Bateman, Motz & Yakeley (2019) Ch 20: *Antisocial Personality Disorder in Community and Prison Settings*. In Bateman & Fonagy (2019) *Handbook of Mentalizing in Mental Health Practice*. American Psychiatric Association Publishing

48. Lemma et al (2011) *Brief Dynamic Interpersonal Therapy: A Clinician's Guide*. Oxford University Press.

49. *The British Psychological Society Research Digest 2018: Research into the mental health of prisoners*

50. *The Lancet Psychiatry: Volume 3, Issue 9 P.871-881 September 2016*: Mental Health of prisoners: prevalence, adverse outcomes and interventions.

51. *Ibid*

52. *Ibid*.

53. *Ibid*.

54. Khodayarifard M, Shokoohi-Yekta M, Hamot GE. Effects of individual and group cognitive-behavioral therapy for male prisoners in Iran. *Int J Offender Ther Comp Criminol*. 2010; 54:743– 55. [PubMed: 19721059]

included 63 prisoners who received a modified form of DBT (devised for those with a personality disorder) and were then randomised into receiving eight weeks of further DBT or case management. Those receiving further DBT showed a reduction in psychopathological symptoms at six months, compared with the case management group (but not at twelve months)⁵⁵.

Reasoning and Rehabilitation, a 35-session CBT programme focussed on prosocial attitudes, emotion regulation, self-control, and interpersonal problem solving, has also demonstrated reductions in recidivism⁵⁶. Motivational Interviewing, often used in relation to alcohol misuse, was the subject of an RCT with adolescents in prison for drink-driving offences. The study found lower rates of reoffences when Motivational Interviewing was used, compared to the control group⁵⁷. So, the evidence that exists holds some promise. But it is small scale and delivers somewhat inconsistent findings. In the main, we have to conclude, that high quality treatment trials for psychiatric disorders in prisoners have been limited⁵⁸. That leaves us in the frustrating position of being twenty years on from the most recent survey, which told us that mental health conditions affect the vast majority of prisoners, and still not knowing what works for who.

Another recent systematic review and meta-analysis takes broadly the same position; prisoners worldwide have substantial mental health needs, but the efficacy of psychological therapy is largely unknown⁵⁹. In the 37 identified RCTs they considered, psychological therapies showed a medium effect size, but often the psychological gains were not found at three and six month follow-up (perhaps not surprisingly, given most of the trials they considered were short-term treatments, of, on average, just 10 weeks). In the same systematic review, no differences were found between group and individual therapy, or different treatment types. Neither did they find much evidence comparing

psychological and pharmacological treatments, and specifically no head to head trials. Their work was conducted in the last four years and yet they write that, to their knowledge, this was the first comprehensive meta-analysis of psychological therapies for prisoners.

Next steps

This is both an indictment and a call to action. The way forward ought to be clear. The Lancet review suggests three actions: prisons should identify those with serious mental health problems; evidence-based psychological treatments that are available in the community should be provided in prison and should be evaluated; and, given the current position, there should be concerted action from government, funding agencies, and researchers, to address the paucity of treatment evidence⁶⁰. All those actions of course apply to the UK, but as The Lancet review makes clear, there are more than 10 million people in prison worldwide. This work would have a truly global effect. They encourage Justice departments around the world to collaborate with researchers in this endeavour. It should be the next cause of prison reform.

A 2012 editorial in the journal *Nature* stated that the UK government's programme of expanded psychological therapy (IAPT) now leads the world. Other countries (Canada/ Sweden and Norway, for example) have all looked to the UK as the model for their own services. We have an opportunity to do something similar in prison and probation. As the programme of vaccination expands, and we turn our attention to the aftermath of the global pandemic, the inevitable tsunami of mental health need⁶¹ is on everyone's mind⁶². There is already a tsunami of mental health need in prison. It has been documented and known for 20 years. Now is the time to act. Let us go where the data points and finally follow the facts.

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55. Shelton D, Sampl S, Kesten KL, Zhang WL, Trestman RL. Treatment of impulsive aggression in correctional settings. *Behav Sci Law*. 2009; 27:787–800. [PubMed: 19784944]
 56. Tong LSJ, Farrington DP. How effective is the "Reasoning and Rehabilitation" programme in reducing reoffending? A meta-analysis of evaluations in four countries. *Psychol Crime Law*. 2006; 12:3–24.
 57. Stein LAR, Colby SM, Barnett NP, Monti PM, Golembeske C, Lebeau-Craven R. Effects of motivational interviewing for incarcerated adolescents on driving under the influence after release. *Am J Addict*. 2006; 15:50–7. [PubMed: 17182420]
 58. The Lancet Psychiatry: Volume 3, Issue 9 P.871-881 September 2016): Mental Health of prisoners: prevalence, adverse outcomes and interventions.
 59. Outcomes of Psychological Therapies for Prisoners With Mental Health Problems: A Systematic Review and Meta-Analysis. Isabel A. Yoon, Karen Slade, Seena Fazel. *J Consult Clin Psychol*. 2017 Aug; 85(8): 783–802. Published online 2017
 60. The Lancet Psychiatry: Volume 3, Issue 9 P.871-881 September 2016): Mental Health of prisoners: prevalence, adverse outcomes and interventions.
 61. *BMJ* 2020; 369. Covid-19: Mental health services must be boosted to deal with "tsunami" of cases after lockdown. <https://www.bmj.com/content/369/bmj.m1994>
 62. BBC Health: Psychiatrists fear 'tsunami' of mental illness after lockdown. <https://www.bbc.co.uk/news/health-52676981>

My Story: listening to young people talking about the trauma and violence in their lives

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Young people convicted of grave crimes as children have attracted public attention on a scale that reveals an intense fascination with the unusual. What characteristics do they possess that may single them out from the mass of children? What led them to carry out seriously damaging acts such as rape or murder? These questions have stimulated a host of newspaper sales and downloads. However, beginning their sentences, the young people are normally withdrawn from the public eye, unless they are pursued by journalists seeking to feed curiosity about their circumstances.

This article describes a project which asked a number, now adults, to recount their childhoods - not to satisfy curiosity, but instead to shed light on the trauma and violence that disfigured their early lives². At a time when Adverse Childhood Experiences (ACEs) have become a central theme of policy discussion, understanding these experiences of trauma has powerful implications for criminal justice policy and practice. From a therapeutic standpoint, it is possible to draw lessons from the project which can assist practitioners in learning more about individuals whom they work with on a daily basis. Importantly the process of storytelling can help individuals to find their own voices in an authentic sense, without the mediation of questionnaires or diagnostic instruments. However, the promotion of authentic narrative is hindered by stark and withered prison regimes. More broadly, the stories

recounted by traumatised prisoners raise the question of exactly what policymakers should prioritise: punishment, or treatment and reintegration?

Childhood trauma, attachment and stories

Adverse Childhood Experiences, such as loss of a parent, domestic violence, maltreatment and parental substance misuse, combine to create toxic stress in children; nor should it be forgotten that parental imprisonment is one such ACE. Research has established a connection between a high number of Adverse Childhood Experiences and long term health problems.³ It is apparent that multiple ACEs characterise the more serious youth offender population.⁴

The evidence that the prison population suffers from a high and disproportionate rate of ACEs is growing. In a sample of prisoners in Wales, those who had experienced four or more ACEs were three times more likely to have been convicted of violence against the person than individuals with no ACEs.⁵

A study of the general population found that adults with four or more ACEs were 20 times more likely to have been imprisoned at some point in their lives.⁶

To understand the process fully requires us to examine early relationships. A template for trauma is formed in the relationship with a parent who can be

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1. N.B. I am immensely grateful to Joseph Schwartz and Rachel Wingfield Schwartz who played a fundamental part in shaping so many aspects of the research and practice ideas discussed here.
 2. Grimshaw, R., with Schwartz, J., and Wingfield, R. eds. (2011) *My Story: young people talk about the trauma and violence in their lives*. London: Centre for Crime and Justice Studies.
 3. Bellis, M., Hughes, K., Ford, K., Rodriguez, G., Sethi, D., and Passmore, J. (2019) 'Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis', *Lancet Public Health* [http://dx.doi.org/10.1016/S2468-2667\(19\)30145-8](http://dx.doi.org/10.1016/S2468-2667(19)30145-8). Available at: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30145-8/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30145-8/fulltext). (Accessed: 28 December 2020).
 4. Fox, B., Perez, N., Cass, E., Baglivio, M., and Epps, N. (2015) 'Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders', *Child Abuse & Neglect*, <http://dx.doi.org/10.1016/j.chiabu.2015.01.011>. Available at: <https://pubmed.ncbi.nlm.nih.gov/25703485/> (Accessed: 28 December 2020).
 5. Ford, K., Barton, E., Newbury, A., Hughes, K., Bezeczyk, Z., Roderick, J., and Bellis, M. (2019) *Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey*. Cardiff: Public Health Wales/Wrexham: Bangor University. Available at: <https://phw.nhs.wales/files/aces/the-prisoner-ace-survey>. (Accessed: 23 December 2020).
 6. Bellis M., Ashton K., Hughes K., Ford K., Bishop J., and Paranjothy S. (2015) *Adverse childhood experiences and their impact on health-harming behaviours in the Welsh population*. Cardiff: Public Health Wales. Available at: https://www.basw.co.uk/system/files/resources/basw_114245-2_0.pdf (Accessed: 23 December 2020).

both frightened and frightening. It is a disorganised attachment pattern which creates painful emotional confusion, to which therapy must seek to respond.⁷ Insecurity and pain arising within early relationships frame subsequent impulses towards violence.⁸

In therapeutic work with young people, narratives can play a significant part;⁹ indeed the construction of a personal narrative may help to deal with pain positively.¹⁰ It is acknowledged in the literature that recovery from trauma can begin when the person affected is able to share their story with someone they can trust and who believes them.¹¹ Yet, as Gwyneth Boswell points out, the children who are imprisoned are unlikely to receive this opportunity.¹²

How can stories of childhood be elicited sensitively?

Research projects have their own logic and purpose but they depend for their success on processes that can, with good preparation and support, be replicated in fields of practice.

It was crucial to establish a sound ethical base for a project that was designed to explore traumatic experiences. Advice from psychotherapists informed submissions to a research ethics committee which helped to clarify the obligations of the researcher especially in ensuring that young people could access support and would effectively own their stories. It was important to consider any potential risks arising from the young people revisiting their experiences, risks which were, in this context, assessed by psychotherapists to be acceptably small.

After their consent to take part had been obtained, young people's files were examined; it was important to exclude anyone with a medical condition affecting memory. Then young people were interviewed on several occasions. Once an interview had been transcribed, the project team discussed the 'story-in

It was crucial to establish a sound ethical base for a project that was designed to explore traumatic experiences.

progress,' focussing on its emotional significance. If there were any signs of distress the therapists were prepared to give support to young people. Afterwards another phase in the interviewing would begin. Finally, edited texts based very closely on recorded interviews were agreed with the participants. The young people are the authors, having each agreed a non-exclusive copyright licence with the Centre for Crime and Justice Studies. In recognition of their contribution, the participants were offered additional services, such as educational support. The project depended on robust partnerships: with prison staff; with the Bowlby Centre as a source of therapeutic expertise; and with the funder, the Paul Hamlyn Foundation.¹³ Expert advisers helped to shape process and communications. It is crucial that the listening process is not detached from the systems that can provide time and support, without the assumption that every detail is passed up a chain of command and control.

A vital aspect was the commitment to listen to the narrative: that meant, at the beginning, asking the young person to recall and tell a story about their past; and then asking for another, prompting only for clarification. The texture of the episodes was therefore knitted together by the speaker's own attempts to find their voice, rather than by the interventions of an interviewer. In this manner the speaker was guided and encouraged to access and put words to memories. Such listening conveys positive respect and interest, allowing the speaker to trace their own path towards expression. The method adopted drew on the insights developed by the Biographic-Narrative Interpretive Method.¹⁴

Young people in prison

In general, knowledge about young people in prison takes several forms, depending on the interests

7. Liotti, G (2004) 'Trauma, dissociation and disorganized attachment: three strands of a single braid', *Psychotherapy: Theory, research, practice, training*, 41, pp. 472-486.
8. De Zulueta, F. (2006) *From Pain to Violence. The traumatic roots of destructiveness*. 2nd edn. Chichester: John Wiley.
9. Rose, J. (2010) *How nurture protects children*. London: Responsive Solutions.
10. Holmes, J. R. (2000) 'Narrative in psychiatry and psychotherapy: the evidence?', *Journal of Medical Ethics: Medical Humanities*, 26, pp. 92-96.
11. Herman, J. (2001) *Trauma and Recovery: From Domestic Abuse to Political Terror*. London: Pandora.
12. Boswell, G. (2016) 'Trauma Experiences in the Backgrounds of Violent Young Offenders', *Pakistan Journal of Criminology*, 8 (2), pp. 12-24. Available at: https://www.researchgate.net/publication/324438581_Trauma_Experiences_in_the_Backgrounds_of_Violent_Young_Offenders (Accessed: 23 December 2020).
13. Grimshaw, R. (2011) 'My Story- witnessing narratives of childhood trauma and violence', *Criminal Justice Matters*, 86, pp 43-44. Available at: <https://www.crimeandjustice.org.uk/publications/cjm/article/my-story-witnessing-narratives-childhood-trauma-and-violence> (Accessed: 28 December 2020)
14. Wengraf, T. (2001) *Qualitative research interviewing. Biographic narrative and semi-structured methods*. London: Sage.

of the source and on the stage of the criminal justice process at which young people are encountered.

There is ample evidence that young people convicted of grave crimes have histories of trauma. In a study of cases sentenced under S.53 of the Children and Young Persons Act 1933, Boswell found that most of the young people had suffered abuse and the rate of personal loss (by bereavement or loss of contact with a parent) was also high.¹⁵ Chronic inconsistency and rejection by caregivers leads to anger and insecurity in children, raising the risk of aggression in later childhood.¹⁶ Yet this kind of knowledge and awareness does not simply and straightforwardly percolate into the prison system.

Young people convicted of grave crimes spend several years in prison before release. While the press may focus on the events that brought them before a court, people working in prisons know them as individuals in the context of their sentence. Up close, they may appear different to the pen portraits accessible to the public. Certainly they become older in prison and maturity moves them on from the figure they may have presented to the court. They will often be sent to specialist units which recognise the length of time that they may have to spend in prison, and the units undertake planned work that begins to address the risks and needs identified by assessment. As adults, in due course, they enter the adult prison system awaiting the possibility of release.

The files held by the prison service contain information about the original cases heard by the court, making clear the seriousness of the incidents and revealing the court's predominant interest in establishing the individual's participation in the offence as defined by law. Within the files are the careful assessments of risk and need that practitioners are obliged to carry out. As the possibility of parole arrives, the assessments become more intensive. The road to release on licence is marked with the milestones of prison-based courses and achievements.

The narratives of young people can add a new dimension to the histories recorded on file, because they go back further and in more detail than a prison service file normally can, and because they show the narrators actually grappling with their memories and coming to terms with the significance of disturbing events in the past.

Talking about trauma and violence

The stories published by the project revealed a range of experiences that had shaped young people's lives in significant ways. Here it is only possible to give illustrations and point to key themes; the full accounts are accessible online.¹⁷

Gaps in memory were associated with difficult moments.

Witnessing domestic violence featured in the stories, a theme explored in a number of research studies on the intergenerational transmission of violence.

It's quite hard when I try and talk about [the circumstances of the offence] because I think people might think I'm lying that I'm saying I can't remember but I really can't remember. (Young woman)

(In response to questions about being sexually abused) And I don't know what I said, it was just so hard, and even to this day when it comes up, I'll deny it but I'll deny it not because I want to deny it, I'll deny because I can't remember nothing. (Young man)

The stories of people with 'disorganised attachment' styles¹⁸ are likely to contain such painful incoherencies.

Witnessing domestic violence featured in the stories, a theme explored in a number of research studies on the intergenerational transmission of violence.¹⁹

(My father) started drinking, and then when he'd be drunk he'd hit my mum. It used to

15. Boswell, G. (2016) see note 12.

16. Bailey, S. (2000) 'Violent adolescent female offenders', in Boswell, G. ed. (2000) *Violent children and adolescents: asking the question why*. London: Whurr, pp.104-120.

17. Available at: <https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/My%20Story.pdf> (Accessed: 28 December 2020).

18. Duschinsky, R. (2018) 'Disorganization, fear and attachment: working towards clarification', *Infant Mental Health Journal*, 39(1), pp. 17–29. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5817243/pdf/IMHJ-39-17.pdf> (Accessed: 28 December 2020).

19. Artz, S., Jackson, M., Rossiter, K., Nijdam-Jones, A., Géczy, I., and Porteous, S. (2014) 'A comprehensive review of the literature on the impact of exposure to intimate partner violence for children and youth', *International Journal of Child, Youth and Family Studies*, 5(4), pp. 493–587.; Kimber, M., Adham, S., Gill, S, McTavish, J., and MacMillan, H. (2018) 'The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood-A systematic review', *Child Abuse and Neglect*, 76, pp.273-286.

happen a lot and then in the end she tried to get away from him and that's when we had to move out of our house where we lived.

When I was about twelve she left him. Then she had to go in a hostel with me, my brother and my sister, to try and get away from him.
(Young woman)

I'd seen them argue bad but really bad. Something had gone on a couple of weeks before that was really, really bad. And my dad smashed the fucking windscreen, and when it just pfffffft, cracked and my mum shit herself and I was alone in me own little world.
(Young man)

Multigenerational abuse was described, indicating how the parents of storytellers had been maltreated in ways that formed a prototype for transmitting disturbance to the children.

'...my mum was abused by her brother when she was younger and a few family members in my family have been abused, like there's a history of sexual abuse in my family,..' (Young man)

Loss of contact with a parent was a difficult experience.

I was 13 when he went to jail because I remember I had the Christmas with him. And when he went to jail I just went completely nuts. I was in trouble a lot anyway but I was just even worse, I couldn't do nothing, I was in court all the time, police were always knocking at my door. (Young man)

Loss of a parent is known to affect some children in damaging ways which impact on their subsequent behaviour.²⁰

My dad died in April — it must've been when I went back to school in September, sort of after Christmas, that I started going to my cousin's, and started staying away from my mates and not doing what my mum told me to. (Young woman)

The striking mixture of the ordinary and the unusual, the dramatic and the seemingly inconsequential, makes for a challenging reading experience. It feels very different from psychiatric textbook profiles; each story testifies to the way in which extraordinary emotions and events are intertwined with the routines of getting through the day.

Practitioners as listeners

When fully elicited, young people's stories offer a strong counterpoint to the narratives found in prison files. While the files refer to life events, the focus of the prison service assessments is on a pragmatic appreciation of evidence that will underpin plans for the next stage of the sentence. Though a file tells a story of progress in the prison system, it does not provide a personal narrative. There is a case for trauma screening and assessment²¹ but, of course, it should not be treated as a tick-box exercise which involves little acknowledgement or response. The implications of this approach have been recognised by guidance on case assessment which suggests that interviewers recording risk and needs should demonstrate positive interest and commitment when exploring life histories.²²

When the project was discussed with prison practitioners at the outset, indeed, it became apparent that a number were fully aware of life events that had influenced young people's paths towards imprisonment. That awareness of young people's histories was an impressive starting point because it helped to establish shared aims between practitioners and the project, acknowledging the importance of helping young people to tell their stories. Practitioners can and do access personal narratives through their conversations with prisoners and their ability to listen to stories is a key skill. 'What happened?' is a simple and powerful question that, in the appropriate context of trust, can open up a vista on the inner life of people suffering the effects of childhood trauma. The same compassion is at the heart of becoming an 'empathetic witness' to prisoners in crisis.²³ Of course, we are aware too that there can be understandable resistance to 'probing' areas that a person exposed to trauma perceives as shameful or humiliating; being attentive to spontaneous narrative, on the other hand, is a form of listening that conveys implicit respect. It implies setting aside our impulses to insert questions and judgements which interrupt someone's narrative.

20. Viboch, M. (2005) *Childhood loss and behavioural problems: Loosening the links*. New York: Vera Institute of Justice. Available at: https://www.vera.org/downloads/publications/Childhood_loss.pdf (Accessed: 28 December 2020).

21. Branson, C., Baetz, C., Horwitz, S., and Hoagwood, K. (2017) 'Trauma-informed juvenile justice systems: A systematic review of definitions and core components', *Psychol Trauma*, 9(6), pp. 635–646. Available at: <https://pubmed.ncbi.nlm.nih.gov/28165266/> (Accessed: 28 December 2020).

22. Forbes, D. and Reilly, S. (2011) "'Using Attachment Theory with Offenders" by Maria Ansboro', *Probation Journal*, 58, pp. 167–171. Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.909.6916&rep=rep1&type=pdf> (Accessed: 28 December 2020).

23. Mulcahy, J. (2019) 'Towards ACE-Aware, trauma responsive penal policy and practice', *Prison Service Journal*, 245, pp. 3–13. Available at: <https://www.crimeandjustice.org.uk/publications/psj/prison-service-journal-245> (Accessed: 28 December 2020).

Story telling as a counterpart to listening

Eliciting stories becomes easier if you find your own voice. Just like prisoners, prison practitioners have stories to tell about experiences that sit deep within themselves but have not so far been told. These stories have a resonance which can inspire interest in listening. At the same time, when staff tell stories in front of prisoners, it can help to display a humanity that invites prisoners to listen and to find their own voice.

Training in eliciting stories can benefit from demonstrating the effects of story-telling by asking the trainees themselves to recount experiences of their own. Equally it becomes possible to contemplate a project which shares the stories of staff and prisoners about common experiences such as having been in the armed services or having migrated to the UK. A recent parallel to the latter approach has been the project *Diaspora Stories*²⁴. Another direction is to memorialise the history and social significance of a prison, as shown by *Holloway Prison Stories*²⁵. A recent review of literature and policy has strengthened the case for sharing stories as a constructive method for enhancing health care education²⁶; the ERASMUS project *StoryAidEU* associated with the review has demonstrated international interest in the subject. The COVID period with its marked and disturbing changes for all of us will present further material for such mutually supportive initiatives.

How far such stories are shared within the prison, or beyond it, will be a matter for full discussion and prior agreement, but what matters most is the platform for respectful communication and understanding that the process can create. When difficult subjects are broached, it is important to establish a procedure for giving support and access to therapy where this is required.

There must be a clear emphasis on cultural competence which enables the stories of people with diverse backgrounds to be given equal respect and attention. Through training, the listeners should be expected to review and audit their own practice so that techniques are tested and renewed in different contexts.

This is not to underestimate the challenges of finding the opportunities for authentic, interfacing personal narratives in prisons with restricted regimes unable or unwilling to stem the tide of pain, disquiet and distrust that such environments can generate. Provided there is an appropriate framework of preparation,

support and planning, however, practitioners should place faith in their ability to become aware of key life events and to promote therapeutic referrals that can help rehabilitation. Unless they do, the futures of prisoners will be just that more bleak.

Imprisoning the traumatised?

Trauma is prevalent in prisoner populations across the world. Addressing trauma is a standard requirement for prison administration, not a specialist exception.²⁷ Stories are ways of opening conversations and coming to terms with the consequences and residues of those experiences.

My Story frames narratives which make a powerful statement about the key life experiences of young people who are punished with imprisonment. Inevitably, questions emerge about how society and its institutions recognise symptoms of trauma and respond to its manifestations; more critically, the implications of the research strongly contest regimes of denunciation, disempowerment, and isolation of the immature and traumatised. If people object by saying, 'That is imprisonment', then the point is made all the more powerfully: to answer the specific and well-attested needs of young people, there should be alternative paths and institutions. A prison is a largely standardised place of separation and individual confinement which is designed to truncate personal connections, responsibility and growth; the best of regimes can only offer limited compensations while the worst are well-worn tracks leading to deterioration. Only actual and well-evidenced requirements of public protection can justify such measures, and, against these considerations of necessity, it can be argued that the possibilities of reparative treatment and growth must not be delayed or infringed by the impacts of incarceration.

Since the research was conducted we have seen welcome reductions in youth imprisonment which speak to the themes rehearsed here. However, it is still the case that prisoners are found to have experienced a high number of ACEs. Austerity has reached deep within prison regimes, reducing the time for normal activity, never mind projects that involve story-telling. It will take strong leadership and broad commitment to make listening and story-telling a properly valued and valuable part of prison conversations.

23. Mulcahy, J. (2019) 'Towards ACE-Aware, trauma responsive penal policy and practice', *Prison Service Journal*, 245, pp. 3-13. Available at: <https://www.crimeandjustice.org.uk/publications/psj/prison-service-journal-245> (Accessed: 28 December 2020).

24. Available at <https://diasporastories.com/> (Accessed: 28 December 2020).

25. Available at <https://www.hollowayprisonstories.com> (Accessed: 28 December 2020).

26. Papanastasiou, N., Smith, D., and Karakolis, D. (2020) *Storytelling Policy Review Report* Erasmus+ Programme 2014-2020 Key Action 2: Strategic Partnership Agreement N°2019-1-Es01-Ka203-065728 Storyaid - Humanizing Healthcare Education Through The Use Of Storytelling. Available at: <https://storyaid.eu/results/>. (Accessed: 23 December 2020).

27. Baranyi, G., Cassidy, M., Fazel, S., Priebe, S., and Mundt, A. (2018) 'Prevalence of Posttraumatic Stress Disorder in Prisoners', *Epidemiologic Reviews*, 40., pp.134-145. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5982805/pdf/mxx015.pdf> (Accessed: 28 December 2020).

Book Review:

Emotional Labour in Criminal Justice and Criminology

Edited by Phillips, J., Westaby, C., Fowler, A., and Waters, J.
Publisher: Routledge (2021).
ISBN: 9780367152017
Price: £120.00

Phillips et al's *Emotional Labour in Criminal Justice and Criminology* is an insightful and innovative book that examines emotional work seen throughout the criminal justice system. They address an array of experiences and circumstances that help to locate the aims of an organisation through the emotional labour of its workers, whilst also acknowledging how different workers experience their roles through emotional rules and techniques. This book presents a new lens to the study of criminal justice, offering observations of the emotional labour that workers provide within the service or institution. This goes beyond other writings on policing, the legal sector, prisons and probation. Indeed, this book presents discussion largely missing from writings in criminal justice and criminology, making it a welcome and necessary contribution.

This work makes an important contribution as it provides an alternative discussion of criminal justice, in particular on work within prisons. It speaks of the internal complexity experienced by workers in prisons and begins to explore how policy, management and the diversity of imprisonment can leave an impression on officers, rehabilitation workers and working prisoners, such as Listeners

(prisoners trained by the Samaritans offering emotional support for prisoners in distress). Whilst this review draws greater attention to the chapters connected to imprisonment, it is impressed by the innovative approach that this book takes to the many areas seen within criminal justice and criminology. Readers from across many different areas will go to this text and find interest and connection to their own work as well as being able to discover others. This is explored in two ways. The first part investigates current literature on the subject of emotional labour, bringing to the forefront the literature already offered, whilst justifying the need for further and future research on the subject. The second part offers primary research and analysis conducted by the chapter authors, which directly address the issues outlined in part one and further demonstrate the necessity and scope for research in emotional labour. Undeniably, the theoretical summaries and primary research used throughout will encourage readers to explore many areas presented within this book, which offer unique and important lessons to academic and criminal justice practitioners alike.

The first section of the book sets out the theoretical lens of emotional labour, taking influence from Hochschild¹ and others who discuss the ways that emotion has become a commodification within many areas of public services. This approach presents how organisations seek to use workers for emotional labour, drawing on their interactions with others to

produce an emotional state and also to encourage workers to display control over their emotions in line with the 'feeling rules' set out by the organisation. There are, of course consequences of this labour which many workers in criminal justice face and this is recognised early in this text. A key benefit of this is how the editors have collected and organised expert authors to build a contextualised picture of the emotional labour experienced within many fields of criminal justice.

The contextual differences offered within the chapters is the largest contribution this book offers, making the chapters important and useful to understand the complex experiences seen within policing, courts, prisons and probation. For example, when discussing prison officers, Nylander and Bruhn (chapter 5) recognise them as a 'crucial tool' (p.71) that without would leave prisons in disorder. This is due to the important role that they play in engaging with prisoners within the different environment, or sub-cultures, seen throughout the prison. Nylander and Bruhn also recognise the perception that this work has, referring to Hughes's² idea of 'dirty work' to recognise how the public view the role and how this sort of work is often seen as tainted presenting as 'low occupational prestige' (p.77). Any reader would consider this approach alongside the other chapters outlined on prisons with a bitter taste in their mouths, in particular when discussions turn to the consequences that emotional

1. Hochschild, A.R. (1983) *The Managed Heart. Commercialization of Human Feeling* (Berkeley: University of California Press)

2. Hughes, E. C. (1951). *Work and the self*. In J. H. Rohrer & M. Sherif (Eds.), ----- (pp. 313–323). New York: Harper & Brothers

labour has on prison officers and prison Listeners.

Robinson (chapter 8), pays credit to those prison workers who care for dying prisoners, demonstrating further the conflict that comes with the tainted work and the emotional response that officers experience. She offers an in-depth overview to how officers manage and control their emotions through strategies of deep level and surface acting, so that they can counteract the consequences of their emotional work. Robinson explores interviews with prison officers to conceptualise their strategies in dealing with the emotional consequences of death whilst also recognising the challenges with working in this field. For example, officers discussed seeing their own sadness as going against the occupational need of their role, which then requires strategies such as emotional desensitising in order to protect themselves and their families from the emotional toll the work can take. A further example of emotional work in prison is offered by Nixon (chapter 15) where primary research was undertaken with Prison Listeners. This chapter is incredibly insightful, demonstrating similar consequences and techniques within emotional labour seen in other chapters, but with the added pressure of being imprisoned whilst holding the role. Nixon discusses these consequences through the voices of Listeners, noting the challenges of holding this role are complicated through managing their relationships with prison officers, staff, and also fellow prisoners. In particular the chapter highlights how Listeners engage forms of concealment when conducting their responsibilities, as the training and direction offered by the Samaritans can often conflict with the Listener's own beliefs in supporting distressed prisoners.

This book offers a serious and important contribution to the study and practice of criminal justice, through its originality and critical outlook on the work seen within many fields and experienced by many. Reading this text will inspire further research and engagement with the support needed for workers. Indeed, this is a question that maintains after reading the text, as there is an overwhelming feeling of injustice when managers do not consider the consequences of these emotional labours. An injustice that I hope readers will tackle after reading this book.

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Respect and Criminal Justice

By Gabriella Watson

Publisher: Oxford University Press (2020)

ISBN: 9780198833345

Price: £80.00

This book is part of the Clarendon Studies in Criminology series which the OUP publishes. What prompted the author to write it was 'an enduring sense of curiosity as to why criminal justice institutions—whether by neglect or intent—collectively overlook or devalue a moral value as fundamental as respect' (p.2). It enquires why in policing and imprisonment respect is 'more akin to a slogan than a foundational value of criminal justice practice' (p.1). Its core claim is that 'in policing and imprisonment, there is an overwhelming preoccupation with instrumental outcomes, with the result that respect is understood, at best, as a weak side-constraint on the pursuit of those outcomes' (p. 2). By way of introduction, the author, an academic lawyer, claims (p.9) 'this book offers the first sustained examination of respect and criminal

justice, extending a handful of shorter contributions on this theme.' It seeks to achieve its purposes by examining the philosophical and social scientific meaning of respect; and then considering two specific aspects of operational practice — 'stop and search' in policing and the serving of meals in prisons.

Watson sees criminal justice as characterised by two central considerations — instrumental outcomes and moral values — and concludes having reviewed the literature, policy documents and reports inquiring into operational practice, that the police and prisons are preoccupied with the former. Her consideration of police 'stop and search' practice provides a critique of its disproportionate and discriminatory use. The conclusion, that 'a respectful stop and search should be concerned primarily with process rather than outcome' (p.83-4), is followed by three recommendations for improving operational practice: lighter regulation; the provision of training in procedural justice for police officers; and, ultimately, the abolition of 'stop and search'.

The recommendations on police training reinforce the author's view that the imperative is to prioritise process over outcome. Practitioners may regard this as principled but not that operationally practicable. And there's the rub: in operational worlds grounded in a gritty practice, 'theory' seems subordinate to the practical outcome. One might reflect whether, as long as this dialectical tension defines the discourse (crudely 'theory' and 'practice'), reform is likely. For Watson, by framing procedural justice training in terms of respect, 'police officers would be introduced to an idea that has intuitive appeal...but which also has praxis, offering a coherent framework for the practice of stop and search' (p. 87).

The examination of prison practice starts with what may be considered a bold assertion: 'Given that respect is, almost without exception, one of the first values to emerge in conversations with inmates about what matters in prisons, one could be forgiven for assuming that scholars had given the issue thorough attention. This is not the case' (p.97). Watson acknowledges the exception provided by the Howard League's Journal in 2007, 'Reconsidering Respect. Its role in the Prison Service' by Michelle Butler and Deborah H. Drake¹ before exploring the institutional sociology of 'six landmark contributions to the genre' (p. 99): Sparks, Bottoms and Hays *Prisons and the Problem of Order*²; Bosworth's *Engendering Respect*³; Liebling's *Prisons and their Moral Performance*⁴; Crewe's *The Prisoner Society*⁵; Phillip's *The Multicultural Prison*⁶; and Bennett's *The Working Lives of Prison Managers*⁷. These texts are acknowledged as an exception to the indifference to the respect deficit in the direction of penal policy in the decades after the publication of the Woolf report. Watson adds that penal policy has remained indifferent to such analysis, with the exception of Liebling's work developing the Measuring the Quality of Prison Life (MQPL) and Staff Quality of Life (SQL) instruments.

The critique of prison practice in the serving of meals includes an analysis of the Prison Service Instruction on Catering. Watson sees this as inculcating at best 'a form of respect towards prisoners and their dietary needs that is deeply procedural' (p.141). She

argues for a change of vocabulary as well as for a change of approach. Commenting on the report of HM Inspectorate's unannounced inspection of Grendon in 2013, Watson remarks that 'while it is encouraging that the Inspectorate has designated respect as one of four key conditions for a 'healthy prison', its preference for the terminology of 'respect outcomes' provides an important hint that its work is merely constrained and not characterised by respect' (p. 153). She goes on to draw the conclusion from the Inspectorate's Annual Report in 2018 that 'vast disparities in 'respect scores' from one year to the next raises questions as to whether the current approach to measuring respect is problematic' (p. 154).

This theme of the language used being wanting is referenced in Watson's conclusion (apropos the adoption of MQPL and SQL) that prisons are more interested in trying to measure respect that embed it culturally; and in reference to Crewe's discussion of the 'definitional ambiguities of respect'. She concludes that Crewe's attempt to add a third to Darwall's two definitions of respect, isn't entirely successful, and that instead of refining it, 'we might take the view that such rigid categorisations of respect are best avoided.' This leads Watson to her recommendation for a move away from the 'misguided' assumption to frame an ethical standard as a rule or to seek to 'proceduralise' respect.

Watson argues for the inculcation of an ethical standard 'which unlike rule-following...does not specify the precise means to cultivate respect' (p. 189); and sees

'scope to clarify and embed respect from the ground-up, not only through quiet introspection—as described above—but through dialogue and consensus' (p. 189). How practical adopting such an approach would be may be questioned. In a therapeutic milieu it might have more mileage than in other less reflective operational contexts. However, the challenge this book presents to operational practitioners is a fair one even if the critique of other learned critics of criminal justice practice appears harsh in places.

William Payne is an independent member of the Editorial Board of the PSJ.

Prisoners on Prison Films

By Bennett, J. and Knight, V.
 Publisher: Palgrave Macmillan (2021)

ISBN (hbk): 978-3-030-60948-1.
 HBK: £44.99.

ISBN (e-book): 978-3-030-60949-8.
 E-book: £35.99.

There is a sequence in *The Shawshank Redemption* that sees the film's two imprisoned protagonists — Tim Robbins' Andy and Morgan Freeman's Red — watching *Gilda*. Their faces are bathed in the reflected glow of the film's screen. The appearance of Rita Hayworth as Gilda elicits broad grins from both men, whilst also offering a pleasing foreshadowing of the importance of Hayworth (or, at least, the poster of her on the wall of Andy's cell), as well as a nod to the title of Stephen King's original novella. I mention this scene because it speaks to the power of film. *The Shawshank*

1. Butler, M. and Drake, D. (2007) Reconsidering respect: It's role in Her Majesty's Prison Service. *Howard Journal of Criminal Justice*, 46(2), 115-127.
2. Sparks, Bottoms and Hay (1996) *Prisons and the Problem of Order*. Oxford: OUP.
3. Bosworth, M. (1999) *Engendering Resistance: Agency and Power in Women's Prisons*. Ashgate.
4. Liebling, A. (2004) *Prisons and their Moral Performance: A Study of Values, Quality, and Prison Life*. OUP.
5. Crewe, B. (2009) *The Prisoner Society: Power, Adaptation and Social Life in an English Prison*. Oxford: OUP.
6. Phillips, C. (2012) *The multi-cultural prison: ethnicity masculinity and social relations among prisoners*. Oxford: OUP.
7. Bennett, J. (2016) *The Working Lives of Prison Managers: Global Change, Local Culture and Individual Agency in the Late Modern Prison*. London: Palgrave MacMillan.

Redemption is itself a love letter to cinema. It is littered with allusions to the 'Golden Age' of Hollywood and beyond. These 'Easter eggs' are manna to film obsessives such as myself, but this particular sequence speaks to something that rests at the core of the film viewing experience: there is a power to watching with others and reflecting upon what has been seen. Film can be more than simply transporting. It can be transformative.

This takes us to Bennett and Knight's new volume titled *Prisoners on Prison Films*. This builds upon work that has sought to explore prisoners' response to media. Knights' earlier work¹, for example, looked at the role of the television in the prison. Jewkes' *Captive Audience*² examined the use of various types of media by prisoners to shape identity and cope with the experience of imprisonment. Here, Bennett and Knight narrow their focus to prisoners' responses to screenings of five prison-themed films. The scope of the research is, however, broad. It seeks to view the films as texts within a 'macro-level of political economy and dominant values' whilst also — through accessing the responses of the participants — situating them within a meso-level of 'organisational and community practices' and a micro-level of the lived experience of the everyday (p.7). The conceit of the study, then, was to explore 'how the context of imprisonment shapes media consumption' (p.2). This reception analysis allows the authors to use these representations of imprisonment to unpack core themes of race, carceral power, rehabilitation and family relations, to provide a partial list. As such, the text fits with trends in visual criminology by using visual

representations as research tools³. The screenings themselves were held in a prison that exclusively holds men serving indeterminate and life sentences. There was a core of ten participants who attended screenings. The following researcher-led group discussions were then supported by semi-structured interviews with individual participants. With their focus upon individual films, each chapter acts as a point of departure to particular themes or topics. The authors provide a concise summary of the film before unpacking the participants' responses whilst also situating the discussion within both classic and contemporary penological literature. To provide an example, the authors first outline the romanticised celebration of 'heroic resistance' in Winding Refn's *Bronson* (p.34). This then leads into a discussion of Crewe's (2009) analysis of carceral power⁴, as well as efforts made to contest it. This is interwoven with comments from the participants and their diverse readings of the film.

The films selected for the screenings were all British dramas released since 2008. They range from the gritty realism of 2013's *Starred Up* (dir. D. MacKenzie) to the more impressionistic *Bronson* (2008, dir. N Winding Refn), as well as the formally experimental *Everyday* (2012, dir. M. Winterbottom). The authors highlight in their introduction that the films also 'assert some "truth claims"' (p.14). *Screwed* (2011, dir. R. Traviss), for example, is based on the experiences of a former prison officer, whereas *We Are Monster* (2014, dir. A. Petrou) is an examination of the murder of Zahid Mubarek at Feltham YOI (albeit with a focus upon his attacker). It is important to briefly note the ethical

concerns relating to a study such as this. The films that were selected feature graphic scenes of violence, violent racist language and sequences involving domestic abuse. As Bennett and Knight (p.17) state, '[t]here were [...] times when the emotional strain became overwhelming' and participants left the screenings. As they note, they followed-up with the affected men to discuss the troubling material. As I touch upon below, I will certainly be adopting the text as a teaching tool. These observations highlight the importance of contextualising the films for viewers and providing relevant trigger warnings.

In the conclusion, the authors point to avenues yet to be explored. For example, each of the films focuses upon men's experiences of imprisonment. Similarly, these representations predominantly feature the experiences of younger or middle-aged prisoners. A follow-up study that attends to incarcerated women's responses to representations of imprisonment, as well as those of an ageing prison population, would certainly be welcome. Further, a curiosity of the prison film genre is its tendency toward critical success, but commercial failure. In stark contrast, recent years have seen a marked increase in popular prison documentaries. A second volume that sees incarcerated men and women respond to these representations of lived experiences would, likewise, be fascinating. This text remains, however, a valuable contribution and will likely be a mainstay on reading lists for some time. Indeed, this is a text that could be the centre piece of a penology-focussed taught course that leads students through difficult and sensitive topics. The individual chapters themselves could act as

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1. Knight, V. (2016). *Remote Control: television in prison*. Basingstoke: Palgrave Macmillan.
 2. Jewkes, Y. (2002). *Captive Audience: media, masculinity and power in prisons*. Cullompton: Willan.
 3. Pauwels, L. (2017). Key methods of visual criminology: an overview of different approaches and their affordances. In M. Brown and E. Carrabine (eds.) *Routledge International Handbook of Visual Criminology*. London: Routledge.
 4. Crewe, B. (2009). *The Prisoner Society: power, adaptation and social life in an English prison*. Oxford: Clarendon Press.

jumping off points for classroom discussion.

Prisoners on Prison Films provides both a powerful analysis and analytical framework. This brings me back to the transformative power of cinema that I alluded to above. In the acknowledgments to the text, one of the authors mentions the thrill of first encountering Scorsese's (1976) *Taxi Driver* as a teenager and being exposed to its heretofore unseen world. I can point to 1986's *The Mission* (dir. R Joffé) as similarly starting me on my own cinéaste's journey. Without being too grand (and I realise that this is somewhat difficult having just referred to myself as a cinéaste), this is what art does. It challenges us. It introduces us to new ways of thinking or offers new perspectives on the familiar. To emphasise a point that the authors make in their introduction, the research participants 'are the people who are least heard [and yet] most directly affected by the consequences of representation' (p.3). In accessing the participants' insights, we are exposed to fresh readings of cinematic texts and new light is thrown upon familiar penological literature. In sharing in that collective experience of the film screenings — albeit at a slight remove — our own thinking about the lived experience of imprisonment can be transformed.

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The Big Issue # 1454

12th March 2021

Special Edition 'Locked Up in Lockdown'

The subtitle of this special edition of *The Big Issue* is 'a unique look at life behind the bars when

the world closed, by people who were there' (page 1). Unlike frequent uses of the word 'unique', here it is accurately employed and not as hyperbole. There are 15 articles in the edition which range from thoughtful opinion pieces to insights into the personal experience of the pandemic of five prisoners. It also includes reflections of some of those, not prison staff, who have sought to help alleviate the additional burden the pandemic has imposed on prisoners. Jonathan Aitken's description, with detail of specific operational changes which made positive differences, of how uniformed staff at Pentonville prison have responded ensures some consideration of the unsung work of this group of frontline workers. As the part-time chaplain at the prison and a former prisoner himself his perspective is unique. Together the varied pieces amplify some important messages — about the purpose of imprisonment and the potential of those imprisoned as well as the skill and imagination of many who work with them.

The series of articles which highlight initiatives to relieve some of the added stress lockdown in the pandemic has caused are very brief, sometimes just a few paragraphs. They serve to shine a light on what may well be less widely known initiatives and energy. They include, the 'Making it Up' project which enables prisoners who are parents to make a story book for their children; "InHouse Records", which before the pandemic provided workshops across the spectrum of music making skills and which in lockdown has provided 50,000 copies of a magazine, *AUX*, to prisons in the South-east of England and in the East of the USA; the 'Penned Up' project at Lewes prison which encouraged prisoners to write; and a prison

librarian who reached in to provide books remotely ordered (Amor Towles' *A Gentleman in Moscow*, Delia Owens' *Where the Crawdads Sing* and Art Spiegelman's *Maus* have been favourites). It also includes the recipe of a Bangladeshi chicken curry which the charity 'Food Behind Bars' sponsored and which proved a hit at Brixton prison.

The five prisoners' experiences of COVID inside highlight the impact of lockdown on mental health. Two of these accounts are provided by women who were prisoners (one from the perspective of being an imprisoned mother). They emphasise the hardship (and the mental health implications) which little contact with other prisoners as well as visitors caused. One of the other former prisoners, a man recalled to prison having had his licence revoked for eight months in 2020, describes the quarantining of new receptions and interestingly asks whether the reduction in assaults and drug taking will justify much more restricted regimes once the pandemic is made manageable. Another male prisoner picks up a theme of the edition's opinion pieces, commenting 'We allow our thinking about our justice system to be driven by populism and vindictiveness...We recognise that morality is not always black and white and laud complex characters in fiction, yet are sanctimonious, judgemental, and vengeful in reality' (page 16). That's a neat way of highlighting the inconsistencies in society's value system. The piece goes on to mention that prisoners also 'clapped for carers' and donated to charities.

The editorial draws attention to the tiny proportion of prisoners who will not be released as a means of underscoring the importance of rehabilitation. It focusses on the importance of helping the high proportion of

prisoners who cannot read well. It concludes by stating, 'If we're to understand the impact coronavirus has had [on prisoners] . . . we need to listen. Because sooner or later those inside will be out' (page 7).

The standout article was Erwin James' 'letter to my younger self'. It encapsulates many of the insights his various writings have previously provided. The importance of having hope and purpose, he tells himself, are key to being 'who you should have been' which only he can see.

However significant the teacher in education (as it was for James in prison) or other members of staff who validate a prisoner's sense of self-worth, it is the prisoner who has to do the change. Enabling that change is, or should be, the principal concern of all those who work in prisons. As prisons often differ markedly, one wonders how typical was the creative enabling work Jonathan Aitken records the governor and uniformed staff at Pentonville doing. The hope must

be that the learning from the pandemic enables more of what Aitken describes as the 'innovative jail craft' of first-line managers and arrangements which 'broke the mould of the old hierarchical divisions in prison management' (page 23). This is perhaps more significant because it was achieved in a prison which has attracted few plaudits in recent years.

William Payne is an independent member of the PSJ Editorial Board

Interview with Stephen Akpabio-Klementowski

Stephen Akpabio-Klementowski is an Associate Lecturer at the Open University (OU) and an Open University Regional Manager for secure environments. He is interviewed by Dr Marcia Morgan, Health and Social Care Services Senior Manager in HM Prison and Probation Service.

Stephen Akpabio-Klementowski is in his final year of completing a Doctorate in Criminology. He has spent 18 years as an academic, completing his first degree in 2008 while serving a 16-year prison sentence. He has three daughters aged 18, 11 and 10, and has been married for 20 years. He works for the Open University as a regional manager supporting learners in secure environments. OU was created over 50 years ago with a mission to be open to people, places, methods and ideas. The OU promotes educational opportunity and social justice by providing high-quality university education to all who wish to realise their ambitions and fulfil their potential. During the last half a century, they have changed the lives of more than two million people, bringing them new knowledge, skills, interests and inspiration, and helping them achieve new goals. Their work includes offering the opportunity for university level study by people in secure environments such as prisons.

During the 50th anniversary of the OU, Stephen Akpabio-Klementowski used his own story and experiences to promote the work of OU. He featured in a short film on the BBC iplayer¹ and was interviewed by the national press².

This interview took place January 2021. All responses are Stephen's personal view and opinion and do not represent the organisations he works for.

MM: Could you describe your route into academia and your profession?

SAK: I have several roles. I am one of four regional managers for the OU students in the secure environment team. I am responsible for managing the relationship between the university and prisons. I am

responsible for 29 prisons overseeing over 400 students involved in OU studies. This is a part-time role. I am also a lecturer in Criminology with the OU and have been in this role for over 18 months. I have students in prisons and in the community as part of my student group. In addition, I am a part-time researcher in Criminology with the OU because I feel the structure of the university fits well with what I am trying to achieve. My thesis is focused on prisons, specifically higher education in prisons and the question of whether the notion of punishment and how prisons are represented, in relation to the notion of rehabilitation as we understand it and learning activities. And how do these twin concepts, that are clearly opposing, can coexist in the prison system. I am in my final year of study and my interest in exploring this topic stems from my own personal journey.

I left school with no qualifications. I was very rebellious and had issues in terms of authority. I wanted to be independent and able to fend for myself. I did not see anything to inspire me in my council estate. What I saw was people getting around the law. I did not see that there was meritocracy. I did not think that if you worked hard, you would get somewhere with it. So, I chose to earn money, to seek my independence. When you don't have any skills or qualifications and you are ignorant in many ways as well, there are not many options. I was smoking cannabis and involved in drugs from a young age and saw no issues with them at that time. When it came to apply that knowledge to make money, I went down that path. I had a few scrapes with the law that were not quite serious to end up receiving a custodial sentence. In 2002, I was prosecuted and convicted of Conspiracy to Supply Class A Drugs. I received a 16-year sentence. This was my first custodial sentence.

1. <https://www.bbc.co.uk/ideas/videos/i-went-from-prisoner-to-phd/p08mpxtt>

2. <https://www.theguardian.com/society/2021/jan/07/stephen-akpabio-klementowski-i-educated-myself-in-prison-and-changed-my-story>

I knew people who had been to prison, I visited people in prison. Prison was not a deterrent for me. I was very casual about the notion of going to prison. It was part of the process — I go to prison, I come out, pick up from where I left off and so on. When I was arrested, I just bounced into prison. At the time I had been married for 18-months and I had a baby daughter. The whole drug culture has a huge psychological effect. You have a lot of power by virtue of that. You have drugs, you have access to everything. You can get people to do things, you can pay for things to be done. So, I remained in that mentality because I had the resources. I believed I could continue to look out for my family from prison. While I was on remand, I literally just lived off my canteen. I was not eating the food from the servery. I had money coming in, so I tried to live this parallel life. I was in prison, but I wasn't in prison.

It was after three months that I really began to have an appreciation of the impact it was having on my wife and my daughter. I was going through the process of separation, having a distant relationship and the reality of my situation began to dawn on me. I was no longer on the streets, I did not have access to the same resources. The more my reality dawned on me, the more frightened I became. The more scared I became because I began to realise and appreciate the process, I was now in. There was no getting away. I was going to do my time and I accepted it. The question was what would come afterwards. If I do my time, come out and go through the same process again.

I was 36 years-old when I was sentenced. I began to realise I had a real problem and the problem was compounded by not knowing what to do about it. I began to think about wanting to have a different future, to be a different person, but I did not know how to go about it. I knew I did not want to go through this again.

The prison environment does not offer much. But then I got lucky in a very odd way. In many ways I was successful because I was financially independent with no qualifications. When I arrived at

prison, I was ignorant. I was not open to dealing with anything intellectual, making excuses that education was for clever people. I lacked confidence because I had no qualifications and I felt uncomfortable during conversations about education. I was reluctant to do my initial assessment for education. It was explained to me that all prisoners had to do it. I completed the level two assessment in record time. The tutor was surprised by how quickly I completed the assessment. She asked me if I wanted to gain some qualifications. I thought about the implications of going to

education as I was working on the servery and was able to be out of my cell for long periods during the day. Education did not appeal to me. The tutor convinced me to give education a try.

I completed my GCSEs effortlessly within the shortest time permitted. She then suggested that I do A-levels. I was uncertain about continuing with my education as I had no educational aspirations, but then she suggested I consider applying to the OU as I met their criteria. I questioned what kind of university it was. I completed 43 courses in the end including offending behaviour programmes. On reflection, I realised that I enjoyed learning, and this was the reason why I volunteered to complete so many courses.

I did not have to pay for the access module with the Open

University, which I completed quickly. This was a motivation. I was then offered the opportunity to complete an undergraduate degree. I chose to complete a Bachelor of Arts in Social Sciences. I started my degree in 2003 and completed it in 2008. My achievement coincided with my recategorisation to an open prison. I was transferred to HMP Springhill. When I arrived, I went straight to the education department to see if they had received my BA certificate. I was speechless when I saw my certificate.

A member of the education department asked me what next? I was thinking, I have just arrived at Springhill, I will go through my lie down period. I have a degree now so it will increase my prospect for employment. She asked me if I had considered a

I was going through the process of separation, having a distant relationship and the reality of my situation began to dawn on me. I was no longer on the streets, I did not have access to the same resources. The more my reality dawned on me, the more frightened I became.

postgraduate qualification, a masters or even a diploma. I replied 'no'. I explained I could not fund a postgraduate. She explained that the prison had a contact at Oxford Brookes University, the Dean of faculty for International Relations — Professor Higgins. He was interested in my academic achievement and was willing to interview me for a place on their master's programme.

I was the first prisoner at HMP Springhill to be released on ROTL (released on temporary license) to attend a course at Oxford Brookes University. I was awarded a MA in International Relations in 2009. I was due for release in 2010, which was my automatic release date. I felt even more confident that I would be able to gain employment with a degree and postgraduate qualification.

I was approached by Professor Higgins who felt I could complete a full time PhD programme as I had achieved a merit in International Relations. I found this offer overwhelming. I declined the PhD offer as it was not the right time and I explained my reasons for doing so. I ended up completing my second master's qualification in International Law and achieved a higher merit.

I was released June 2010 with three degrees. These qualifications provided the foundation for me to first work as a volunteer for charities and then other opportunities became available. This is how I ended up in my current role.

MM: Why have you chosen to continue to work with offenders?

SAK: A lot of people in prison have not taken their first opportunity at education. My understanding of the pivotal role of education not just in relation to prisoners but to anyone, is that education is a human right. The power of education is transformative and beneficial that goes beyond the individual.

For example, 42 per cent of prisoners were excluded from school with no qualifications³. I could relate to people who had no qualifications, and with those who are reluctant to talk about education, because you are afraid of exposing that you are lacking in this area.

Education is profound because it brings about a change in you. I never thought that I could work with the Prison Service or the Probation Service or would even go back into prisons and work with prisoners. But here I am, doing just that.

I now understand there is a certain shame associated to being imprisoned, not just shame for myself, but shame for my wife, my family, kids. It was a consequence of the work, the activities I was involved in. But I had another level of shame. As a young black man, I was reaffirming the stereotypical views. I did not know how to respond, until I found that education was a form of empowerment. I advocate for education and put myself forward for this role 18 years after my first taste of it, because education allows you to better understand yourself. You can train your mind in a certain way to deal with information. The process of knowledge acquisition and understanding, involves organisation, you can apply these organisational skills to a set of problems. You find

you can transfer this to your personal life and aspirations. This is what makes education so profound. The product of education in material terms is the qualification, but you can also improve your prospects in the future even with a criminal record. This can inspire all human beings, especially young black men. People expect black men to be incarcerated. This is the stereotypical view of young black men. Highlighted by The Lammy Review⁴ that found black, Asian and minority ethnic (BAME) individuals were over-represented in the criminal justice system.

People expect black men to be incarcerated. This is the stereotypical view of young black men. Highlighted by The Lammy Review that found black, Asian and minority ethnic (BAME) individuals were over-represented in the criminal justice system.

3. Coates, S. (2016) *Unlocking potential: A review of education in prisons*. Ministry of Justice.

4. Lammy, D (2017) *The Lammy Review: An Independent Review into the Treatment of, and Outcomes for, Black, Asian and Minority Ethnic Individuals in the Criminal Justice System*. London: Lammy Review.

MM: How were you able to maintain your motivation to study while incarcerated?

SAK: Quite simply my wife, daughter and wider family. I mentioned my sense of shame earlier, associated to reaffirming the stereotypical view of black men. I ticked the box. I had no qualifications, I had been expelled from school, I was at my lowest, I felt worthless. The oddest thing was that I could understand why I had no value. I was not offering anything. I did not know how I could bring about change to my life. I did not know how education could change a person's life because I never had an education. I never gave education a chance, I did not recognise that education could be a vehicle to social mobility.

My motivation was based on having hope instead of despair. Prisoners would ask me why I was doing all this studying. I believe this question came from a position of feeling hopeless because they could not see any way out of their situation. There was simple logic that worked for me. That logic was, if the activity I was engaged in was positive, it would lead to a positive outcome.

Having the right tutors was motivating. When you have the right tutors who are motivating you, it drives you to want to be better. It took a real personal effort and with support of certain prison officers who recognised my maturity. I had no issues in terms of being allowed to get on with my sentence. I was not antagonised by officers, I did not antagonise officers, I did not antagonise the system and the system did not antagonise me.

The biggest motivation was that I did not want to be released after serving eight years with nothing, with no possibility of being able to live a law-abiding life. I just did not want to return to prison and become a recidivist.

MM: How do you use your experience to motivate others?

SAK: When my sentence ended in 2018 and I was officially notified by the Ministry of Justice, I had a strange feeling about it. Because on the one hand my punishment had ended, but on the other hand I would still have the legacy of that action for all my days.

I went through my sentence with no adjudications. I transitioned back into the community on release and was on probation for eight years. I made sure education was part of my sentence plan. I argued for it because I realised that education would help change my life. When I visit prisons, I engage with prisoners. I understand how prisons strip away the agency that all individuals have, to make decisions that can affect their life. So, most prisoners become passive in terms of how they use their time during incarceration. When I return to prisons, I can show others what I am doing with my qualifications.

This is very powerful because many of the people I speak to at some point were in a position of shame and feeling hopeless and will question why they are investing in education.

During these interactions I invite prisoners to challenge themselves and their position. I help them realise that incarceration does not have to be a time waster when it is used effectively. The analogy of time as either passive verses active encourages individuals to use their time in prison effectively, to acquire an education. When they meet someone, who was in their position and has achieved some positivity out of a negative experience, they can start thinking about it as something they can achieve for themselves.

MM: How would you relate your life experience to your field of study?

SAK: My research is directly related to my experience. While studying the social sciences. I realised I was knowledgeable in this subject area. I had views on the issues of the whole process of the Criminal Prosecution Service and why some cases are prosecuted, and others are not. Studying social sciences was a perfect fit for me because I was able to engage with the topic because of my interest in social justice, racial justice, and my personal experience.

MM: How do your intersectional identities (ex-offender, PhD researcher, drug dealer, father) influence your perception of the world?

SAK: All my intersectional identities come together. In terms of my profession as a lecturer in

The biggest motivation was that I did not want to be released after serving eight years with nothing, with no possibility of being able to live a law-abiding life. I just did not want to return to prison and become a recidivist.

Criminology, I find the criminal justice in the US and UK an interesting area for anyone of African-Caribbean origin or descent. My experience of the criminal justice system adds to that. I was able to find myself, not by planning or by design. It just simply came together for me. I find myself in quite a unique situation because on the one hand I have personal experience of the criminal justice system, educating myself in prison, and then I have the added benefit of having an academic interest in studying criminal justice.

MM: How do you manage the issue of belonging in different environments?

SAK: The notion of identity is fluid. I don't think it is permanent. So, you feel things at different times. I found myself with a different identity when I was in prison, but I never accepted that this was the end of my story, as I knew there was another chapter to be written, although I did not know what it would be. So, when I had the opportunity to get involved in education and I started doing well over a consistent amount of time and years, I started to change my own understanding of my identity. I was able to think about my identity, who I was: I was a university student, I was a postgraduate student, now I am a PhD researcher. They have been the most consistent identities I've had over the past 15 years, since 2009. I did not want my last chapter to be that I was a prisoner and it would be remembered forever more. It was by luck and chance because of my educational achievement that I am a scholar.

MM: Do you face any specific challenges or barriers as a black male ex-offender?

SAK: Yes and no. In relation to the Black Lives Matter and issues around social injustice in the UK, this will have an impact on me like other black men. Beyond that, what I have found although it is not specific to black people, is that having to declare any criminal conviction has serious implications for any jobseeker. And it is very difficult to generate a debate

on the issue of declaring your conviction and time-spent.

I have applied for lecturing roles where I fit the person specification, have the appropriate experience and have not been invited for an interview. There are some mainstream universities who may have an issue with my background and history and if I was to apply to study with them and declared my conviction, they may be judgemental.

MM: How do you experience being a minority because of your race?

SAK: There are not many black men working in this department. There are a few across the wider university, but it is noticeable that we are in the minority in this environment. I am conscious of some of the less favourable outcomes for black students in higher education. And then those students in secure environments like prisons there will be even fewer.

I strongly believe it is important for people like me to work in these environments to use the opportunity to help promote and raise awareness about these issues. Sometimes it's not because organisations and institutions are reluctant to implement policies that will bring about change. Many of these organisations and institutions have these policies

in place. There are other issues affecting black men's visibility in these institutions. But it is important that others can see that it is okay to work in the prison service and be part of the university.

My employers celebrate my background, the fact that I have been able to turn my life around using their product. I am grateful for the opportunities they have given me and in return I put myself out there, although I am a very private person.

MM: How do you deal with the added responsibility of developing others that comes from the shared sense of community — a psychological construct that is prevalent amongst African-Caribbean people?

SAK: There is a level of humility required because I never expected to be in this situation, and I would

My employers celebrate my background, the fact that I have been able to turn my life around using their product. I am grateful for the opportunities they have given me and in return I put myself out there, although I am a very private person.

get a worthwhile education. I could quite easily have gone away refusing to talk about my time in prison, because it is painful. It is painful when I visit prisons and meet prisoners because I leave them behind.

When I deliver my lectures and we talk and discuss topics and social issues everyone is engaged. I do not see the monsters. I guess I was a monster once. I see students with needs, needs that can be addressed, such as addiction, trauma, post-traumatic stress disorder. I would argue that all prisoners suffer from this. I suspect that prison officers might suffer from this because they must deal with the fallout, as society places different people in prisons and prison officers are expected to sort them out.

While I studied, I wanted to support others and help others. Ironically, by helping others, the better I would feel about myself and the better responses and relationships I would have with officers and my peers too. What I was doing was to the benefit of others. I developed this community type thing. Before I was this individual whose focus was on how much money I had in my pocket. I then realised that the community was quite important, because during times when you were down, I found that you can look to the community for support. And because of this, I did not have any real problems with my progress through the system. Part of the reason I continue to work with prisons is so that people can have the opportunity to meet me. Young black men, mature black men, anyone can meet me and for them I'm symbolic of what can be achieved.

I know I don't have to share my experience, but I think it is important that people know I am black, I have been in prison, I have sold drugs, but I have taken my time in prison to do things that have helped me to do the positive things that contribute to my community and society. I am now quite proud to be a part of my community. It has been very difficult on an emotional level to share my experience so widely, because I am a very private person. But I think it is very important that the negative stereotypes associated to black men are challenged. And as uncomfortable as it was in the beginning to talk about my time when I was in prison. I can now talk

about being a family man and being employed, paying my taxes and being a law-abiding citizen.

MM: What can we learn from your experience so that we can identify and nurture more (black) men who may find themselves in similar life situations?

SAK: I don't know how you go about teaching resilience, but I believe achievement breeds confidence. It does not matter how small the achievement is, it breeds confidence. So, if you find yourself in a situation, you need to be looking at what you can do to give yourself that sense of achievement, no matter how small, because you can then build on that sense of achievement. The sense of feeling good about yourself will propel you forward as well. For me, it was about confidence. So, I strongly believe there are different ways to address individual barriers to learning.

MM: You mentioned on the BBC Ideas- 'I went from prisoner to PhD'. Your biggest barrier was inside of you, can you explain what you meant?

SAK: When you lack confidence, you cannot see yourself in a different light. You cannot dream, it is very difficult to be something you cannot imagine for yourself. My internal barrier was the belief that I could not go to university because I was not bright enough. Another barrier was that I did not try to test myself, because I strongly believed in my inability. So much so, that I thought I did not even need to think about it. And that was fine. I could live, I did not need to go to university. But now, I cannot live any other way.

MM: What do you think HMPS can do to improve the delivery of prison education?

SAK: There is an issue of how prisoners relate to those who instruct them whether it's in education or on the wing. Being able to relate means that you share some kind of common understanding this can be the basis to have a positive engagement. It would also be good if prisoners could relate to their tutors. This is a huge barrier. Simply because whether it is

The difficulty of punishment on the one hand as manifested in prison security and then on the other hand this notion of rehabilitation, education and activity, makes it difficult to draw them together.

cultural reasons or because they are unrelatable, as far as the student is concerned, because of the choice of language, or the way tutors speak to prisoners. It can be experienced as quite condescending. Tutors need to recognise that the students are adults and not children.

MM: How can prison education keep pace with pedagogical changes in mainstream education and the adoption of new technologies for learning?

SAK: A change of policy would achieve this. The coronavirus pandemic has highlighted the disparity between students in prisons and students in the community. The difficulty of punishment on the one hand as manifested in prison security and then on the other hand this notion of rehabilitation, education and activity, makes it difficult to draw them together. This is why I am looking at it in my research. The use of technology would be very beneficial on many different levels. It would free staff to do other things. It would give prisoners the opportunity to increase their digital capital and digital skills. It would give providers the flexibility to tailor the content. And when people are bored, they could read or watch the learning material. I do not know if the desire for security is going to allow prisons to really take advantage of information technology.

MM: How can prison education ensure equity of access for offenders from BAME backgrounds?

SAK: One of the things that I appreciated and was the catalyst for me was this idea that a member of staff, a person in authority, told me that she had confidence in me based on my results. It was encouraging that she could see beyond my offence. She saw my potential. Every prisoner gets the opportunity to do a literacy and numeracy assessment. It's what happens after the assessment has been done. Tutors are the gatekeepers and it's important for prisoners to relate to their tutors.

Education needs to be promoted more. It needs to be accessible to all prisoners. But most importantly, the gatekeepers need to broaden their expectations of their students.

MM: How can prison education decolonise their curriculum?

SAK: The curriculum can be off-putting to people from BAME backgrounds. Whilst it can sometimes spur you to want to challenge the narrative, which comes down to confidence and relatedness. When

people think the curriculum is reflective and meets their needs, they will engage with it. And for that reason, it may mean that different curriculums are needed for different cohorts. In my opinion the curriculum should reflect the interest of your students and it should engage them.

Education is a human right. There is a misconception that one glove fits all. When people say university is not for everyone, because not everyone can study at degree level. I disagree with this. My view is that people have different needs and because they have different needs, some may need more support than others. They should not be excluded, the resources should be available. My belief is that everybody can succeed with the right support.

When a person sits down and engages with an individual who needs support, they will get the best out of them.

Students in the prison environment are very committed to their studies, they are working often with less resources than what the rest of the student population have. Yet they still achieve parallel grades to what their counterparts in the community achieve. There is added value to teaching students in prisons as it reflects well on the tutor.

MM: What support can HMPS provide to help more students complete higher education?

SAK: A review of prisoner funding is needed. The six-year rule, which stipulates that to qualify for university funding the prisoner must have six years or less to serve to be eligible is problematic. The

Students in the prison environment are very committed to their studies, they are working often with less resources than what the rest of the student population have. Yet they still achieve parallel grades to what their counterparts in the community achieve.

eligibility criteria inadvertently disadvantage a large proportion of prisoners, especially prisoners from ethnic minority backgrounds who tend to be given longer custodial sentences.

MM: How do you deal with the emotional labour of your work — the pain of leaving prisoners behind?

SAK: I immerse myself in music. I do not play any instruments, but I love all sorts of music. I like to lose myself in music, or in a really good book. I read self-help books and take time to reflect and be alone.

MM: What do you want your legacy to be?

SAK: I'm not looking for a legacy. If the role of education is prioritised in prisons, reflecting its importance in terms of rehabilitation and reducing reoffending, then I would be happy. There is status and prestige that comes from being an academic and scholar with a PhD. I recognise that I am a massive counteraction in relation to the ideas that exist about prisoners when people see what I have achieved. My contribution is to help people, so we don't have more victims being released.



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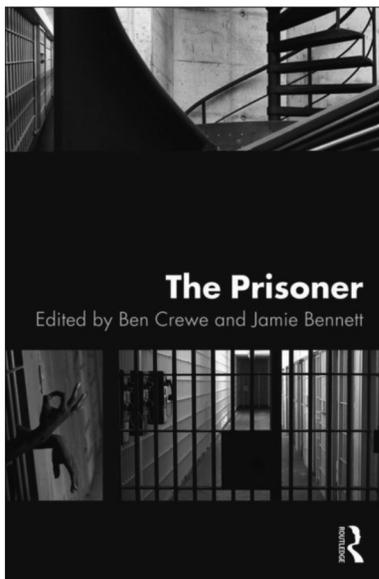
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PRISON SERVICE JOURNAL

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The *Prison Service Journal* is a peer reviewed journal published by HM Prison Service of England and Wales. Its purpose is to promote discussion on issues related to the work of the Prison Service, the wider criminal justice system and associated fields. It aims to present reliable information and a range of views about these issues.

The editor is responsible for the style and content of each edition, and for managing production and the Journal's budget. The editor is supported by an editorial board — a body of volunteers all of whom have worked for the Prison Service in various capacities. The editorial board considers all articles submitted and decides the outline and composition of each edition, although the editor retains an over-riding discretion in deciding which articles are published and their precise length and language.

From May 2011 each edition is available electronically from the website of the Centre for Crime and Justice Studies. This is available at <http://www.crimeandjustice.org.uk/psj.html>

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Six editions of the Journal, printed at HMP Leyhill, are published each year with a circulation of approximately 6,500 per edition. The editor welcomes articles which should be up to c.4,000 words and submitted by email to **jamie.bennett@justice.gov.uk** or as hard copy and on disk to *Prison Service Journal*, c/o Print Shop Manager, HMP Leyhill, Wotton-under-Edge, Gloucestershire, GL12 8BT. All other correspondence may also be sent to the Editor at this address or to **jamie.bennett@justice.gov.uk**.

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PRISON SERVICE JOURNAL

Prison Service Journal Prize for Outstanding Article 2020

The editorial board of the *Prison Service Journal* is proud to announce that Dr. Rod Earle, Senior Lecturer at The Open University, and Dr. Bill Davies, Senior Lecturer at Leeds Beckett University, have won the *Prison Service Journal Prize for Outstanding Article 2020*.

Their article *Glimpses across 50 years of prison life from members of British Convict Criminology*, appeared in edition 250. The article draws upon a diverse range of knowledge and expertise including history, culture, critical social theory and also personal experience. This blend creates novel ways of approaching and understanding contemporary prisons. This article is a significant and important contribution that deserves to be read by those who are involved in prisons.

Dr. Earle and Dr. Davies's article was part of a shortlist of five articles published in the *Prison Service Journal* during 2020 that best reflected the aim of the journal to inform theory and practice. *The Prison Service Journal* editorial board voted for the most outstanding article from this group.