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Title	“Seeking peace of mind” – understanding desistance as a journey into recovery and out of chaos
Authors	Cambridge, Graham
Publication date	2019
Original Citation	Cambridge, G. 2019. “Seeking peace of mind” – understanding desistance as a journey into recovery and out of chaos. PhD Thesis, University College Cork.
Type of publication	Doctoral thesis
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Download date	2026-11-10 04:33:13
Item downloaded from	https://hdl.handle.net/10468/9618

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University College Cork, Ireland
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"Seeking Peace of Mind" – Understanding desistance as a journey into recovery and out of chaos

Thesis Presented by

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For the degree of

Doctor of Philosophy (Criminology)

University College Cork Discipline of Criminology.

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June 2019

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Declaration

This thesis is the candidate's own work and has not been submitted for another degree, either at University College Cork or elsewhere.

Signed: _____

Date: : _____

Acknowledgements

I would like to thank the Criminology department in UCC, for giving me the opportunity and support for conducting my research. Especially Dr Orla Lynch who went above and beyond with support to help with my progression throughout the thesis.

I would like to thank the local organisation in Cork city who provided me with recruiting participants in this study.

I would also like to give a big thank you to the participants in this research who were so honest with the sharing of their life stories. These are remarkable people and I feel privilege that they trusted me with some of their deepest secrets. I wish them all the best as they trudge the road to happy destiny.

I would also like to acknowledge the support I received from the two organisations that I have worked with while doing this research, Churchfield Community Trust, and The Cork Alliance Centre, I am go grateful for the support and study leave I received in these organisations.

And finally, last but not least, to my family and friend who had to listen to me for the past four years. Especially to Nuala and Geena, for whose support and understanding made this possible.

Abstract

This research examines the lived experience of 40 men from working class areas of Cork city as they attempt to desist from offending. As part of this study, addiction featured as a significant issue for all of the participants and dominated their desistance journey. This study aimed to understand how issues of masculinity, working class culture, poverty and trauma were relevant for men from the Cork area and their participation in crime. In addition, this research sought to understand the relationship between addiction and offending, and relatedly the relationship between desistance and recovery. This work uses the voices of the participants via life narrative interviews and the findings emerged via a Grounded Theory analysis that links the themes and concepts to the data. The themes that were emergent from the data were categorised under three broad headings (Early Childhood, Addiction, Recovery) for the purpose of presenting the analysis. Overall 32 higher order themes emerged and these are presented in the discussion.

Within criminological literature, there is a lack of research that looks at the relationship between recovering from addiction and desistance from crime. This dissertation addresses this gap and demonstrates the interrelatedness of both processes and how in fact desistance can, for some populations, be a side effect of recovery from addiction.

The findings also point to the importance of early childhood experiences and the influence of peer pressure, cultural norms around education and employment and a Hegemonic Masculinity for the participants. The participants' communities were dominated by violence, crime and addiction, and the men in this study construct their behaviour as a response to their environment, and refer to how they prioritized certain behaviours (e.g. been seen as tough, substance abuse etc) in order to survive. For the men, they recall that growing up in the poor areas of Cork City they had to use violence and be seen to be tough in order to survive; giving the impression that they were violent and tough was a priority for the participants as this was seen as a mechanism for self-protection. These deviant behaviours were learnt by imitation of their peers, and family members, and supported by a very particular interpretation of what it meant to be a *man.*

As time went by, the men in this study recall that their behaviour became more chaotic and their substance abuse escalated leading ultimately to a deterioration of their mental health. This lead to suicidal thoughts, suicide attempts and in one case in this study a participant died by suicide. The men speak about a break from themselves and their behaviour and reflect that often the only opportunity for such relief was time in prison or other institutions. However, these institutions were merely buying time as for the participants, they recall once released they quickly returned to their

old habit The participants in this study reflect on their recovery journey, it was a journey marked by relapse, and hitting rock bottom multiple times with increasing severity. Importantly, they speak of recovery as being their only option – the alternative was death. The participants speak about wanting to live a new life and having peace of mind, living honestly and living simply. Instead of prioritising the strong tough man image and performing masculinity in the way that is normalised in their community, in recovery the participants learned how to be a father, provider and a positive contributing member in society. However, as the men recall, their journey does not end there, the participants must continue living this way of life if they want to stay in recovery.

1 Introduction

1.1. Recovery and Desistance – conjoined processes

The majority of research that examines desistance from offending explores desistance amongst a diverse offender population. However, in the past twenty years there has been an increase in research that examines desistance amongst specific populations; sex offenders (e.g. Harris, 2014), perpetrators of political violence (e.g. Lynch, 2015) and increasingly drug using offenders (Roeyen, Anderson and Vanderplasschen, 2016). However, despite the recognition that there is a significant overlap in many jurisdictions between those convicted of criminal offenses and those individuals who engage in substance abuse, there is somewhat of a gap in the literature when it comes to a holistic understanding of the process of moving away from crime *and* addiction as interrelated processes.

This dissertation began as an examination into desistance amongst men in County Cork, – the largest and southern most county in the Republic of Ireland. With a population of over 500,000 people, the county is served by one male-only prison. With a capacity for 275 in- mates it is estimated that *at least* 190 (or 70%) of the prisoners have addiction issues (Pollak, 2017). Given the profile of the individuals incarcerated in Cork prison, and similarly the individuals who participated in this study (100% had addiction issues) the project quickly became about the bigger picture of desistance *and recovery.*

Given the lack of literature and empirical research on the relationship between recovery from addiction and desistance from offending (see Roeyen et al, 2016, for a narrative review of the field), both in the fields of Criminology and addiction studies, but also in the Irish context, a Grounded Theory approach was taken in this project in order to ensure that rich data would inform theory building, and unstructured research questions would allow for an open exploration of the issue.

This dissertation seeks to consider desistance and recovery both as concepts and processes and understand how they *emerge* from the life stories of a specific group of individuals in a relatively small geographic area – this project is based on in-depth interviews with 40 men from the Cork area who had engaged with the criminal justice system. This broad inclusion criteria was developed in order to ensure a variety of experiences were captured in this study but ultimately, the experience of active addiction dominated the life stories of the participants.

1.2. Addiction and offending – the complexity of a ***dual diagnosis***

In the criminological literature, researchers have examined and categorised motives and explanatory factors that are central to linking crime and substance abuse: e.g. economic-compulsive, psychopharmacological or systemic crime (see Connelly, 2006). In addition, individuals have been categorised into primary drug takers or primary offenders whereby the former's offending is related to drug use and the latter's offending patterns do not necessarily change even during periods of active addiction (Roeyen, Anderson and Vanderplasschen, 2016). However, regardless of the motive for or form of relationship between drug taking and offending, there is a broad recognition that recidivism rates are higher for drug using offenders (Colman and Vander Laenen, 2012).

Research has demonstrated that there are a number of risk factors for recidivism amongst the offender population – for example poor educational attainment, a lack of employment and a stable employment history, homelessness and a lack of treatment programmes are all highly correlated with increased recidivism (Makarios, Steiner, & Travis, 2010). However for drug using offenders, there are further complications – drug use is predictive of a high recidivism rate and repeat imprisonment is a risk factor for substance abuse relapse (Roeyen, Anderson and Vanderplasschen, 2016). Furthermore, while the factors influencing desistance exist for drug using offenders as they do for the general population, for drug using offenders who are attempting to desist or recover, a complex combination of structural, social and personal factors impede the process. For example, for drug using offenders it is often the case that they have a chequered employment history. However, employment is not necessarily a resilient factor against relapse, but it does provide for other needs – stability, informal social control, and increase in self-esteem and diversifying social networks, however it can also provide an income to allow for the continued use of drugs and alcohol (Roeyen et al, 2016). Best et al (2016) also point to employment as a factor in successful recovery/desistance, however they portray employment as being important as it is a meaningful activity, but the authors emphasise that employment is not the only way of finding meaning.

1.3. Desistance and recovery in the literature

Importantly the limited literature that does comprehensively address the relationship between addiction and offending acknowledges that drug use (and lack of) has an impact on desistance from offending. Of the three studies identified by Roeyen et al (2016) addressing recovery *and* desistance, all three found that there is a positive direct relationship between substance abuse and offending – however these studies go even further and state that desistance from offending is

subordinate to drug use recovery (see Colman and Vander Laenen, 2012; Marsh, 2011; McCray et al., 2011). Importantly, self-report measures and interview data has identified that individuals who were both addicted to drug/alcohol and actively offending see themselves in *recovery* rather than in a process of desistance – for them addiction (and relatedly recovery) was driving their life changes. However, the process of recovery served the individual in a number of ways that overlapped with identified needs amongst non-drug using desisters. Recovery (through treatment) opened up social networks, it assisted in identity reconstruction and encouraged empathy and introspection amongst those seeking to recover and desist (Roeyen et al, 2016). Furthermore, *staying* in recovery and maintaining long term relationships with peer groups who were recovery focused was vital for long term success.

Importantly the processes of recovery and desistance are of course influenced by personogenic characteristics. Factors such as identity shift are important for all desisters, but a new meaningful and positive personal identity is vital for drug users as it allows the individual to comprehensively detach themselves from the *person who was dependant on drugsidentity* they once represented and reinvent themselves as a pro-social member of society. Importantly, for drug using desisters, agency seems to be a vital part of the move through desistance and recovery. Roeyen et al (2016) in their meta-analysis point out that in the limited research that exists in the field, it appears to be important that drug using offenders conceive of their journey as self-motivated. Often this is portrayed as a response to having hit *rock bottom* and so choosing to recover and desist represents a deliberate and personal decision.

1.4. Social identity, desistance and recovery

There are other elements to identity that are vital to consider in the case of both recovery and desistance. Social identity (Paternoster, 2016), belonging, peer acceptance and identity denial (Seaman, & Lynch, 2016) are all important parts of the process of desistance and recovery – from the initial decision to commit to changing ones behaviour to the reintegration into a community and contributing to society. The attention to identity and identity change emerged in response to the dominance of social control approaches to desistance and the opportunity reduction models of crime prevention (or avoidance) (Sampson, & Laub, 2003). While identity features as part of the change process in social control and pro-social relationships (Giordano et al., 2007) approaches to desistance, it is often considered to be relevant *after* or *in support of* other mechanisms of change. Representing a sea change in approaches to desistance in the early 2000s Maruna and colleagues (Farrall & Maruna, 2004; Maruna, 2001, 2004; Maruna & Roy, 2007) developed a theory of desistance where identity was central to the change process for individuals. *Making good*

is not about an absolute change in identity but a reinterpretation of one's past offending behaviours to support the idea that an individual is fundamentally a good person who was *waylaid* (Paternoster, et al, 2016). Another identity centric theory of desistance proposed by Paternoster and Bushway (2009) is called the identity theory of desistance and is based on the notion that an individual will maintain a working identity linked to offending as long as they believe that there are more benefits than costs in committing crime. Paternoster and Bushway (2009) point out that the move towards desistance then results from a shift in this cost benefit analysis, but also the influence of what they called the *feared self;* an imagined (negative) future self. This *push* towards identity change is then superseded by an engagement with a *new potential identity* – the possible self. This is thought to be a move towards a prosocial identity, however in the case of drug using desisters, given the focus on recovery and the emphasis on self-improvement and personal wellness it is not clear how such an approach might fit. In addition given the medicalisation of both the analysis and treatment of addiction, this frame is somewhat incomplete.

In this case of drug using offenders, in this dissertation it will be argued that understanding identity and identity shift needs to consider drug culture, meaning making around drug taking, masculinity and addiction as a process. In addition, identity formation and *change in context* is highly relevant for understanding the origins of a spoiled identity (addict) and how an individual can move towards a conventional identity (Paternoster, Bachman, Kerrison and O Connell Lionel Smith, 2016).

As a means to bridge the social and meaning making nature of identity and its relevance to desistance, social identity theory (SIT) has the capacity to make a useful contribution (Stets and Burk, 2000). Its strength lies in the context and interpersonal dynamics incorporated into the framework whereby identity is developed not in isolation but through involvement in social groups with others. SIT posits that we seek a positive self-image, that this is contextually based and constructed through interpersonal and intergroup interaction. Related to SIT is social cognition theory, and the significance of this approach in this context is that individuals maximise the differences between the in-group and the out-group. In this case the in-group may be drug/alcohol abusing peers, members of a gang etc. and the out-group can be anyone outside these circles. However, importantly, individuals can and do shift identity groups so in/out groups can change and this means in the context of this study, it is not inconceivable for an individual to move from identifying with a drug using group to identifying with a recovery focused group – and relatedly incorporate this identity into his sense of self (Kay and Monaghan, 2019).

Social identity approaches have been applied to the case of recovery from substance abuse however, despite recognition of the role of these frameworks may have in explaining desistance; there has been little application of SIT in this space (Kay and Monaghan, 2019). There are two models from the social identity tradition that have recently been proposed to explain recovery from addiction and addictive behaviours: The Social Identity Model of Cessation Maintenance (SIMCM) and the Social Identity Model of Recovery (SIMOR) (Kay and Monaghan, 2019).

The (SIMCM) proposes that individuals who are trying to abstain from their addiction can draw on social identities from individuals or groups who would have similar experiences, and are assisting them to stay away from their addiction. While SIMOR applies the social identity method to the process of moving in active addiction to being in recovery. While in recovery the SIMOR sees recovery as a process of identity change, where the individual's identity changes from person who was dependant on drugs to a person in recovery. This developing identity of one's self is shared by others who are also in recovery, which gives the person a sense of belonging within this group. Developing this social identity can take time, as the person is learning a new way to live his life which has different values, norms and beliefs from the life he is trying to leave behind. If the individual stays around long enough he may change his addictive behaviours and form a new life in recovery (Best, et al 2016).

1.5. Recovery and desistance:

While often times in the literature on desistance, recovery and desistance are presumed to have similar characteristics, and in some cases this is true – research in the area points to substantial differences between the process of recovery and the process of desistance (if they can be conceived of independently). Primary amongst these differences is the focus of the processes themselves, in the case of recovery it is conceived of as a personal journey of change, medicalised in many cases, and related to an improvement in an individual's quality of life. In the case of desistance it is conceived of as a change resulting in socially desirable outcomes, however, this may be an oversimplification (Roeyen, 2016).

Importantly, from a recent meta-analysis of the literature on relationships between recovery and desistance, it is pointed out that the overlaps and differences between the two processes are ill defined. In general in the literature there is an assumption that there is some relationship between recovery and desistance - that they are not mutually exclusive and in fact that they often occur simultaneously. However, there is little detail provided as to the dynamics of the relationship nor how the processes proceed (Best, Irving and Albertson, 2017). In addition, we know little about

how individual conceive of and experience these processes (or process).

In addition, in the studies mentioned above that address both recovery and desistance, there is a focus on categorising the processes, documenting risk and resilient factors and identifying shared and divergent characteristics across processes. While this is understandable given the conceptual immaturity of this area, this study aims to go some way to overcome this issue by conducting a Grounded Theory analysis of the life stories of 40 men who self-identify as both addicts and offenders. This type of analysis will contribute a conceptual richness to discussions on desistance and recovery that ground their findings directly in the testimony of the participants. The voices of the participants are central to this work. The choice of this methodology was to ensure that rich data would inform the creation of themes and theory and so contribute to our knowledge of the processes inherent in both recovery and desistance but also capture the commonalities and dominant experiences of the men in the sample. The sample chosen for this study are from a particular geographic area in the south of Ireland, and accurately represent both the diversity and the characteristic profile of individuals who are incarcerated in the local prison. The extremely high incidence of addiction amongst this population has greatly influenced the approach to desistance in this study.

1.6. Chapter outlines

This dissertation is divided into two main sections, the literature review and methodology chapter and the results, discussion and findings chapters. Chapter two Crime and Poverty in Cork focuses on the literature which details what life was like for people in working class areas of Cork city. It begins by looking at employment, for working class people in the city and how the collapse of industries in the early 80s and late 00s had a detrimental effect on the people in working class areas of Cork city. This chapter then looks at the effects of poverty and how it leads to young men living in these areas looking for a purpose in life. With the lack of those working-class institutions and paths to acceptable livelihoods, for those living in urban poverty working class young men looked for other ways to prove their masculinity, such as excess alcohol and drug use or gaining respect in their community by being seen as a tough man. These problematic relationships with alcohol and drugs, and trying to live up to a hard man identity cause severe effects to the life of the person with these issues. Violence, imprisonment, overdoses and suicide attempts become a way of life for people in this situation.

Chapter three looks at the life course and difficulties that people in the Irish criminal justice system experiences and shows the complex relationship between addiction and desistance.. It shows how

addictive behaviours can be a survival strategy, a way to numb off difficult memories; self soothe, increase hyper-vigilance, depression, or facilitate isolation. Importantly how the effects of trauma can be a predecessor to offending and addiction. In particular the notion of adverse child experiences was discussed but it is vital to note that it is the interaction of trauma with personal, family and social factors that is relevant. Another area explored in this chapter in order to get an understanding of substance abuse in young men is masculinity. Substance abuse and crime is a way of achieving and maintaining masculine or hyper masculine status, which can boost the individual's self-esteem and confidence. Hegemonic masculine ideologies see working class men overly represented in substance abuse figures and prison numbers. With little or no employment opportunities working class young men can look for other ways to prove their masculinity, such as excess drink and drug use or gaining respect in their community by being seen as a tough man. These learned responses are contextual and intergenerational. It also shows how this lifestyle takes its toll on the individual, which leads to burn out, which help the individual to look for support with their addictions. While engaging with these supports the person learns a new way to live their life. This journey is not straight forward, as there can be many relapses along the way. The important thing here is that the individual re engages with this supports and tries again. While re engaging with supports the person can see the cause of their relapse, learn from these mistakes and move on. It is while on this journey that the individual learns a new identity, a new identity which does not entail active addiction, violence and crime

Chapter four examines the methodology that was selected and the methods embarked upon for this men study. The methodology used which was a modified Grounded Theory approach (Charmaz, 2006). This was chosen because there is an absence of knowledge and theory in this area, but also because the voice of the participants was central in understanding the process of desistance and addiction. This section outlines the details and justification of this approach interviewing the participants, addressing ethical issues and presents the reflections of the author on advocacy, insider research and access.

Chapter five is the first of the three results/discussion chapters and details in relation with the themes that were emergent from the data. Early Childhood Experiences, of the results/discussion is addressed in chronological order because it reflects the structure of the life narrative presented by the participants.

This chapter gives an insight into how the participants reconstruct their experience of early childhood and importantly how they experience and attribute motive to their early behaviours in

light of their later engagement in crime and substance abuse. The participants achievably rationalise their adult behaviours by linking them to their childhood experiences; shame and stigma in relation to poverty and neglect that the participants experienced as children was a central theme in this section and how this shame and stigma was a cause for them to withdraw from school and mainstream community engagement, leading to a cascade of negative life events.

Chapter six addresses the broad area of lifestyle, offending and addiction and looks at what life was like for the men while in active addiction. In this section the men speak about what life was like growing up in their community and how it was dominated by violence, crime and addiction. The men identified how their behaviours were a response to their environment, and how they prioritized certain behaviours (e.g. been seen as tough) as a survival mechanism. The childhood experience of trauma was linked to the men's self-harming and addictive behaviours which they describe as a form of self-medicating in order to deal with their early childhood experiences. Other themes that dominated this section were the imitation –social learning via peer groups, social learning via family members and conformity with deviant behaviours as a means of self-protection and survival. The participants were repeatedly eager to look at their behaviours and tie them back to their origins in early childhood. This section documents that when experimenting with alcohol and drugs, their behaviours quickly became problematic as addiction overtook choice. Alcohol and drug use/abuse at the start was seen as therapeutic as it helped them to deal with the trauma, hurt, boredom and helplessness in their lives. This lifestyle eventually started to catch up with the men, which led to extreme consequence of mental ill health, suicide attempts, overdoses, and prison sentences.

Chapter seven entitled Recovery, looks at how the men in this study reach rock bottom in their lives and engaged with recovery from their addiction in order to stay alive. This journey from active addiction to recovery is not as straight forward as one might think. This journey as retold by the men was very difficult with many relapses along the way. However, as relapse does not mean the end of the recovery journey for the men in this study. What these men showed was great resilience. Each relapse brought the men to a new low which left them spiritually and mentally broken. It was this low that gave the men the motivation to attempt recovery again. However, as the men recall, their journey does not end with successful recovery, the participants must continue living this way of life if he wants to stay in recovery.

Chapter eight is an explanation of the implications of the results of this study. It explores the findings, which maps onto the existing literature, it offers theoretical alternatives to existing frameworks and it explores how desistance and recovery may be conceptualised going forward. In

addiction this chapter makes suggestions for future research in this field. It explains the links made between desistance and recovery, and how desistance occurs when the men in this study went into recovery, which was brought on by the devastation and near dealt experiences which was brought on by years of substance abuse. Chapter nine, the conclusion, a summary of this project is makers and practitioners in this field, with outline recommendations for policy.

2. Cork City. Understanding the context

2.1. History of working class employment in Cork City

Cork is the largest significant industrial region outside of Dublin in the Republic of Ireland (Cork City Profile, 2014). Manufacturing jobs in Ireland were traditionally located at the larger port cities, because these larger ports could import and export goods from the local industries, mainly, alcohol and textiles (ibid). In 1926, some 7000-people living in Cork city were involved in industrial activities (Brunt, 2005). The government at the time, under Eamon de Valera increased industrial production and employment by bringing in a policy of protectionism in the 1930s. With a system of high tariffs, the price of importing goods was increased, which created an opportunity for domestic producers to meet the demands of the Irish market. This was very successful and by 1951, manufacturing employment in Cork city reached 12,000. Most of these positions were in traditional industrial sectors, such as food, alcohol and tobacco, and textiles, clothing and footwear. These were produced in the city centre and Blackpool on the North-side of the city (ibid). Around this time there was lots of employment for the working class people in Cork City. A large number of men from working class communities in the city were employed in Dunlop's chemical plant and Ford's vehicle assembly plant. Manufacturing jobs were not only located in the city, but just outside of the city several traditional industries were located in small towns, such as Blarney and Middleton. Also, new industries around Corks harbour, including Irish Steel on Haulbowline Island (1947) Whitgate Oil Refinery (1957) and Verholme Dockyards (1959), attracted greater employment for the city and county.

In the 1970s, for the first time, more Irish people were living in cities and towns than in the countryside, and there were less people working in rural occupations, such as farming and fisheries. In 1961, half of Irelands employed men were working in farming, by 1981 this figure decreased to one fifth (Crowley et al 2005). However by the 1970s considerable poverty endured in Cork, exemplified by the fact that less than half of skilled manual and one third of semi-skilled and unskilled households were owner-occupiers by 1973 (Peillon, 1982). Furthermore while big business had increased since the 1960s, and while this would suggest that conditions were evolving for better social mobility, working class people largely stayed working class (ibid). By the 1980s nearly 75 per cent of working males were employed outside of family businesses, and skilled manual occupations had increased along with the growth in professional and white collar jobs, however the Irish working class continued to suffer from low levels of upward mobility. Even in the late 1980s, 70 per cent of working class men in the state were the children of working class men

(Crowley et al 2005).

In the 1970s there was a high demand for housing for industrial workers in Ireland. In Cork city schemes were introduced to build houses for working class families. One of these schemes was the National Building Agency (NBA). Many of these buildings were built using prefabricated methods which had a short life cycle (O'Connel, 2007). These houses were built in three areas The Glen and Mayfield on the Northside as well as Togher on the Southside of the city. Since the Cork Corporation built these dwellings in the 1970s, millions of Euro has been spent trying to make these dwellings liveable for the tenants. The main problem was to keep the dwellings warm (Committee Report 1979). By the 1980s many of these buildings had declined so badly that the government was forced to introduce the Remedial Work Scheme to upgrade these poor quality housing estates to a liveable condition (O'Connel, 2007).

Other estates built after the NBA housing scheme, were situated in Knocknaheeny on the Northside of Cork city. This initiative comprised of 715 houses which were thought to be of better quality than the NBA houses. However problems emerged soon after the build due to the isolated location of the houses. Unemployment and social problems also became endemic to the area (Hourihan, 1979), because a large percentage of the residents in these local authority housing estates worked in Cork's main industries such as the Ford car factory, the Dunlop tyre company and the Verlome dockyard. When these industries collapsed in the 1980s, the profile of these estates changed to one where many households became reliant on long-term social welfare payments. To make matters worse, the Government introduced a IR£5000 Tenancy Surrender Grant starting in 1984 which saw large amounts of tenants who were employed move out of the area. The tenants who were subsequently relocated to the area were unemployed and in receipt of social welfare payments (O'Connel, 2007), adding to the cycle of poverty that already existed in the area. This had the effect of clustering individuals experiencing poverty and exclusion in this area of the city (Parks, cited in Giddens, 2009)

According to Brunt (2005) the social and geographical designs adopted in Cork City in the 1970s saw significant investment situated in and around the Southside of the city for example the construction of the Cork Institute of Technology, the Industrial Development Authority, (IDA) Technology Park, (FAS) Foras Áiseanna Saothair, (ESB) Electricity Supply Board, Cork Gas Company, Cork University Hospital, and the expansion of University College Cork. These developments brought prosperity and fuelled further development south of the river with 10,000 new jobs being secured around this time (Brunt 2005). During this time individuals from the

Northside had fewer job opportunities. Brunt argues that the Cork Corporation had little money to invest in the development of further housing stock and the necessary maintenance of the Northside of the city, as they prioritised on the Southside of the city. There was also a shortage of amenities and services, as well as recreational facilities in this area. Ultimately it appeared that the social housing provided in Cork city, particularly that constructed in the north side of the city had been developed in isolation with little thought for the industrial potential of the area (Brunt 1988) nor any planning around maintenance, social facilities and community development.

With the collapse of the above mentioned industries in the 1980s, and in addition to the global economic downturn that led to a further weakening of the local economy, Ireland and Cork saw a significant rise in unemployment rates and ultimately emigration (Keohane and O'Connell 2005). The closure of these companies had tragic consequences for the people living in the working class neighbourhoods of Cork city. The economic division of the city along the existing north-south axis was worsened by this economic recession. Social divisions, reproduced since the nineteenth century, where middle class housing developments and their facilities such as schools, hospitals, and recreational facilities-have been located on the Southside of the city, and working class on the Northside were exacerbated. Continued underinvestment has had severe effects for people in Cork's already disadvantaged communities, (Keohane and O'Connell 2005).

Continued decline was witnessed in Cork's Northside throughout the late 20th century for example the only hospital in the area -The North Infirmary - closed its doors in 1987 as part of government mandated health care funding cuts. The impact of this closure was foreseen and even though staff from the other 14 hospitals in Cork and County marched in protest through the city in, it was to no avail (English, 2012).

2.2. The Good Times "But for Who"

After a period of recession in Ireland the so called Celtic Tiger era saw rapid economic growth from 1995 up to the global economic crash in 2008, however as expected the impact was not equally experienced. During these years in Cork, as in the rest of Ireland, house prices rocketed, particularly in urban areas. Most working-class families were not in a position to pay for the high price for property which resulted in local authority housing being their only housing option (Allen, 2000). Allen argues that there was a distinct sense that the Celtic tiger was applicable to those from middle and upper class communities and that working class communities were left behind (ibid). Despite the predominantly property linked boom that underpinned the growth in the Irish economy during this period, working class employment became unstable (Allen, 2000).

During the Celtic Tiger era the Irish economy shifted, from a country with chronic fiscal underachievement, to a strong competitor in the global market (Sweeney, 1998). Social mobility had increased within this period albeit it for a select segment of the population (McWilliams, 2005). Despite this growth the upgraded economic situation of the Celtic Tiger was not evenly distributed throughout Irish society. Levels of relative poverty (Kirby, 2002), leading to a rise in the divide between the rich and the poor (Allen, 2000). As the middle class grew in numbers what was left was what some people call an 'underclass' (Ilan, 2007). Despite the false boom that underpinned the economy, working class employment became unstable, with no life time security, temporary contracts and casual employment (Healy et al 1990).

> *"the first of these are 'tenured employees' who have job security, form the back bone to the trade union movement and are concerned to protect their own jobs. Secondly, there is a large body of temporary employees who have jobs without traditional life time security associated with these jobs. This group is growing in numbers and is engaged in contract, temporary, part time and casual employment. The third group are permanently unemployed. This group finds it very difficult to get any form of paid employment and becomes trapped in a vicious cycle of poverty and idleness"* (ibid: 66).

2.3. Poverty and deprivation in Cork

As Ireland emerged from the impact of the 2008 financial crash the population of Cork city stood at 125,657, consisting of 61,722 males and 63,935 females (CSO, 2016). Cork city's working age 15-64 population decreased by 0.7% between 2011 and 2016. The unemployment rate for the area was 22.2 per cent compared with a national average rate of per cent of the 46,405 persons aged 15 years and over who were outside the labour force, 32.2 per cent were students, 19.4 per cent were looking after the home/family and 32.9 per cent were retired. Of the 43,062 workers counted in Cork city, 10,419 worked outside the area. The daytime working population (resident and non-resident) of Cork City was 63,807 with professional services being the largest industry (CSO, 2011). By 2011 12,266 persons (12.1%) were unwaged and by 2016 this number fell to 8,943 people (8.3%). The areas of Cork city with the highest unemployment figures in 2016 were Knocknaheeny, Mayfield, The Glen Farranferris and Blackpool. Some of these areas were also amongst the highest in 2006 and 2011, overall there was little change. As seen for the case in Cork city poverty, class and social inequality are closely related like other first world countries the most common type of poverty in Ireland is relative poverty. This idea of poverty relates to the satisfactory social standards within a society (Tovey and Share, 2003). According to the Irish National Anti-Poverty Strategy (INAPS)

> "*People are living in poverty, if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living, which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalized from participating in activities which are considered the norm for other people in society*"

(National Anti-Poverty Strategy 1997:3).

According to EAPN Ireland (European Anti-Poverty Network,) individuals or residents are considered to be at risk of poverty if their income is less than 60% of mid-point in the scale of the highest to the lowest of all incomes in Ireland. In 2015, 60% at risk of the poverty threshold was €12,000, (Or €229.97 per week). Whether those below the 60% threshold are experiencing poverty will be subject to a number of factors, these include,

- The degree to which income is below the relevant thresholds;
- The length of time on this relatively low income – a long period can lead to real deprivation, as a person's assets run down and cannot be fully maintained or replaced;
- Possession and use of other assets, especially one's own home.

Currently one in six people in Ireland are experiencing relative poverty and children between the ages 0- 17 were the group most at risk of poverty. The longer these individuals stay in relative poverty, the more likely they will be considered to be in consistent poverty (EAPN Ireland, 2017). Children living in poverty are more likely to become disadvantaged adults, have families which also struggle with poverty thus creating intergenerational cycles of disadvantage.

Currently in Ireland the social welfare payment for jobseekers allowance stands at €188 for anyone over the age of 26, €144 age 25 and €100 ages 18 to 24 (Citizen Information, 2016); this is well below the poverty line. Cork City has the second highest concentration of "unemployment black spots" (where the proportion of unemployment is greater than 35%) in the state, these are concentrated in the Northside of the city

Unemployment in Cork City is concentrated mainly in the areas of Gurranebraher, Farranferris, Fair Hill, Mayfield, The Glen and Knocknaheeny, all areas that have a history of poor social housing and neglect. These areas have been designated as RAPID (Revitalising Areas by Planning, Investment and Development) areas which are characterized by a high number of local authority housing, low educational attainment, and large families with a high number of children (Kelly & Hayes 2014). There is also a significant number of lone parents in these areas

compounding financial problems which limits opportunities for gaining employment (ibid). Areas on the Southside of the city have also pockets of deprivation, but not as severe as the Northside (CESCA Area Profile, 2015). Giving the history of these areas it is know there is a risk of intergenerational transmission of deprivation due to the lack of resources. Children remain the most vulnerable age group with 11.5% living in consistent poverty in 2015 (EAPN Ireland, 2017). In addition poor health is above average in these areas leading to and subsequently long term unemployment and disability (Kelly & Hayes 2014). Overall there are 74 Electoral districts in Cork City, 16 are ranked very disadvantaged and 12 as disadvantaged (Pobal HP Deprivation Index Census 2011). Almost forty percent of

Cork City communities are considered disadvantage and over one third (36%) of the population of Cork City (42,752) live in these communities (*CESCA Area Profile*, 2015). The areas which are deemed very disadvantaged in Cork city are Blackpool, Churchfield, Fair Hill, Farranferris, Gurranabraher, Knocknaheeny, Mayfield, The Glen, Pouladuff, and Togher. The last two are on the Southside of the city while the rest are on the Northside of the city. In total there are currently 28 communities deemed disadvantaged in Cork city 18 on the Northside and 10 on the South West of the city (Kelly and Hayes, 2014).

2.4. Education in Ireland

According to the Central Statistics Office (2016) 32.7% of the population in Cork City and suburbs were educated at third level. In Cork City the rate was 29.1% compared to 28.5% for the State. The areas in Cork City with the highest number of person with a third level education came from Knockrea, and Browningstown which are all in close proximity to each other and on the Southside of the city. Knockrea and Browningstown have also the highest proportion of professional workers in the city Cork City Profile (2018). While looking at the population with advanced certificate/completed apprenticeship 4.5% of Cork City residents and 5.9% of the state population were educated to advanced certificate or had completed an apprenticeship. Again these areas with the highest proportion were on the Southside of the city with Turners Cross on the top of the board (ibid).

There are a large number of education facilities in Cork City. There are 51 National schools, 18 Secondary, 6 Vocational Schools, 3 Community and 1 Comprehensive School. (Department of Education and Skills 2016). There are also PLC colleges in the city such as College of Commerce, St John's College and Colaiste Stiofan Naofa, these centres provide education to a large number of these students never completed secondary school, and want to return to education.

a higher percentage of these students come from the North-side of the city Cork City Profile (2018).There are also third level institutions (CIT and UCC) with over 20,000 students studying degree level and above.

In Cork city electoral divisions, the largest areas where highest education attainment is at primary level or less are Fair Hill, Farranferris and, Gurranabraher. As mentioned above these areas come under the RAPID areas of the city which are characterised by low level income, unemployment, and educational attainment. In these areas, the average person works in the manufacturing industry (Kelly and Hayes, 2014), all of these areas are on the North-side of the city.

Parental education is an important factor in educational attainment for young people and we see cycles of poor education attainment within families. According to the CSO (2012) at national level, 20 year olds from two parent families with a third level education have a 89% chance of continuing in education compared to 44.6% of persons whose family did not have a third level qualification, and 68% for those whose parents only received a secondary level education. If both parents hold an Honours Bachelor Degree their children have a 92% chance of continuing in education and if both parents hold a postgraduate degree their children have a 94% chance of continuing education. In these cases, the level of education held by the father was a strong factor (ibid). According to Barnardos Education is intrinsic to ensuring that children and young people develop intellectually and socially. It is also a powerful predictor of adult life chances. And yet inequality in education means that some children in Ireland do not reach their potential because their opportunities are limited before they begin. Without proper supports, many children living with disadvantage simply don't have the resources they need to get an adequate education. Giving these children the tools they need to get their education is key to breaking intergenerational cycles of poverty and redressing inequalities in Irish society. All children deserve to be supported fully to get the most from their education. *(*Barnardos, 2017).

Most commentators would argue that education builds social capital, which can bind community cooperation and positive social experiences (Fukuyama, 1992), according to the Organisation for Economic Co-operation and Development (OECD), people with similar levels of education usually live and work together and their environment tends to have lower levels of crime and anti-social behaviour. They also state that in environments with lower education attainment, we see high rates of crime and anti- social behaviour (OECD, 2009). Furthermore, O'Higgins et al (2008) state that schools in disadvantaged areas attain poorer educational outcomes than the

Irish State average, for example up to 30% of students in disadvantaged primary schools had literacy problems. To tackle educational disadvantage in Ireland the Government launched the Delivering Equality of Opportunity in Schools (DEIS) Project in May 2005 and remains the Department of Education and Skills policy instrument to address educational disadvantage. This plan focuses on addressing and prioritizing the educational needs of children and young people from disadvantaged communities, from pre-school through to second-level education (3 to 18 years). The idea of the DEIS programme is to create better opportunities for those in communities at risk of disadvantage and social exclusion (DEIS, 2017). While the DEIS programme is a positive way forward for educating children from disadvantaged areas, there is still a very low number that go on to higher education from disadvantaged primary schools. According to the Murray, (2013) only 24% of pupils from DEIS schools in Ireland went on to higher education in 2010.

The CSO, (2011) data found a clear link between education and employment in Ireland. They discovered that persons in employment finished their education a lot later than those who were unemployed. There were 377,186 people aged 15 and over who had stopped their education early and were unemployed. They also found that early school leaver's unemployment rate was 31% as opposed to the general unemployment rate of 19% (ibid). Early school leavers are at a higher risk of unemployment and lower skilled employment which is associated with lower long term incomes (McCoy, et al 2007). Furthermore, persons aged between 16-18 years old with little education and unemployment are reported as being particularly vulnerable to further disadvantage in adulthood and are more likely to experience health problems (Balanda, et al 2001). We see these facts play out in certain areas in Cork City, for example, Fair Hill and Gurranabraher are characterised by high levels of unemployment, a high proportion of people with a disability, lower educational attainment and a high level of aged people. Areas in the city with less health problems are more affluent characterised by high educational attainment and low levels of unemployment (Kelly and Hayes, 2014).

2.5. Second chance education

In an effort to stem the trans-generational transmission of deprivation an initiative which targets early school leavers and educational disadvantage was started in the city. The Youthreach programme was established in 1988 and funded by the Department of Education and Science and managed by Vocational Education Committees (VECs) (now known as the Education and Training Board (ETB). In addition Community Training Workshops were developed and funded by Foras Áiseanna Saothair (FÁS). FÁS was the training and employment authority in Ireland at the time and assisted those who sought employment (FÁS dissolved in October 2013 and its functions

transferred to the new Further Education and Training Authority, An tSeirbhís Oideachais Leanúnaigh agus Scileanna (SOLAS). Youthreach has now nearly 200 Youthreach Programmes around Ireland.

> *"The aim of Youthreach is to provide participants with the knowledge, skills and attitudes required to successfully make the transition to work and adult life. Youthreach is a guarantee of up to two years co-ordinated and integrated, training, work-experience and temporary employment for the most marginalised and disadvantaged early school-leavers" Department of Education and Science (2007, p.4).*

Youthreach programs cater for young people aged 15 to 20 years old who have left the education system early. There are five Youthreach centres in Cork city. Out of the five Youthreaches in the city all but one are located in Disadvantaged areas. The one that is not is in the city centre, but still caters for young men who are marginalized. In recent years there has been a change in the characteristics of the young people going to Youthreach. While there are still a large number of young people from disadvantaged areas attending Youthreach, they have been a rise in foreign nationals leaving schools early and going to Youthreach. (Youthreach, 2013). Attending Youthreach can add to the already negative stereotypes which are associated with the young people going to these centres "The negative effect that labelling a school as 'disadvantaged' has on the pupils in the school, the staff and the reputation of the school in the wider community" National Crime Council (2002: 70).

Labelling theory accepts that although deviant behaviour can originate from several causes, once a person has been labelled deviant, they may experience new problems that stem from the feedback to self and others of negative stereotypes (stigma) that are attached to the deviant label (Lemert, 1967). Howard Becker (1963:9) concurs and states that "Deviancy is not a quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender'. Deviant behaviour is behaviour that people so label."

There is a major concern that early school leavers enter into what is a lifelong disadvantage and link ultimately to offending. Lockner et al. (2004) argues that there is a link between early school leavers and incarceration. In the US researchers found that most people incarcerated in prison were men who left school early. In Ireland, O' Mahony (2002) carried out research on prisoners in Mountjoy prison, 80% had left school before the ages of 16, and 75% had never sat a State examine. The Kennedy Report (1970) also found that a high number of children committed to

reformatory and industrial schools suffered from deprivation and a large number were "generally backward", particularly in the area of education and ability.

2.6. Poverty and Crime

According to CSO figures the 2008 global recession led to a threefold increase in unemployment in Cork since 2005. The number of people on the live register in Cork stood at over 26,000 in 2010 compared to 9,616 in 2005. The CSO has identified that Knocknaheeny is the worst unemployment black spot in Cork City with 43.3% of adults out of work (CSO 2011). The Ireland Research Observatory crime tool kit found from the CSO 2011 statistics that Knocknaheeny local Garda station located in Gurranabraher had the highest crime rate in Cork City for the following categories, attempted murder, assault and harassment; burglary; controlled drug offences; weapons and explosive offences and damage to property (AIRO, 2011). Clearly there is a substantial overlap between unemployment and crime in the city.

We know that economic deprivation is linked to an increase in the likelihood of crime being committed, in particular, property crime is more likely to be committed by individuals who are unemployed (Bacik, et al 1998). Research in Cork shows us that areas with high unemployment have higher crime rates, thus presuming that people who commit crime have a shorter employment record than people who don't commit crime (McCullagh, 1998) "Societies where there are high levels of crime have a high rate of marginalization whereas areas with low levels of marginalization have lower crime rates" McCullagh (1996:216).

2.7. Health/drugs/community medicine

Individuals who take drugs and end up in the Irish courts are not punished for drug offences as such, but for crimes committed while on drugs. But regardless research shows that there are multiple links between crime and drug taking (Stevens et al. 2005). According to (Goldstein 1985) there can be three ways to explain the links between drugs and crime. First is the Psycho-pharmacological model: this model argues that the effects of intoxication can cause violent criminal behaviour, or aggression, and crime is caused by withdrawal from substances and also sleep deprivation. Studies have shown links between alcohol intoxication and aggression for example (Bushman 1997). In a review of the literature on the links between alcohol, drugs and violence Parker and Auerhahn (1998: 307), found "*study after study indicates that … violent events are overwhelmingly more likely to be associated with the consumption of alcohol than with any other substance*".

The links between alcohol and offending in Ireland are supported by research. For example Public Order incidents recorded in Ireland over a five month period found that alcohol was consumed by the person in 97% of recorded cases. As parts of the study 50 members of the Gardaí were interviewed, 98% stated that alcohol was a factor in all public order offending (Institute of Criminology, 2003).

Laboratory studies suggest that 'reasonable' use of marijuana or opiate drugs has a different effect to alcohol, they are known to constrain aggression and violence, however withdrawal from these drugs can cause aggression (White and Gorman 2000). But importantly, the abuse of marijuana, opiate and amphetamines in some studies has been found to increase violent behaviour (Miczek et al. 1994). The research is non-conducive on this issue. While studies differentiate between the impact of the type of drug other studies show that it is the social environment that mostly causes violence not the pharmacological effect of the drug (Parker and Auerhahn 1998).

A second major explanatory framework is the economic-compulsive model. This is where drug users need to fund their drug habit by committing crimes such as robbery and burglary. While research shows us that drug dependency increases offending behaviour, mainly property crime (Inciardi and Pottieger 1998), this approach is reinforced by research conducted by The Garda Research Unit (Furey and Browne 2004; Millar et al. 1998; Keogh 1997). The research (Millar, et. al. 1998) establishes the links between alcohol, drugs and crime, by interviewing Garda members in twenty seven Garda stations across Ireland. In the study drug offences under the Missuse of Drugs Act 1977 were excluded, but out of 4,334 offences that were looked at, alcohol was thought to be a factor in 42% of cases, drugs 17% of cases and a combination of both alcohol and drugs 4% of cases. The crimes for these offences were public order offences, larceny, criminal damage, burglary, offences against the person, Road Traffic and other offences, such as sexual offences. Burglaries were mainly linked to people using drugs (44%) or in a combination with alcohol (7%).

In other research conducted by Keogh (1997) in Ireland, the Irish national crime figures were examined to see what relationship existed between crime and opiate use. Keogh's research on illicit drug use and related criminal activity in the Dublin Metropolitan Area found that drug users were responsible for 66% of prosecutable offences, 59% of those surveyed stated that crime was their main source of income, and 84% were unemployed.

In a more up to date survey by the Irish Probation Service, (2012) discovered that 70% of crimes committed by individuals under the supervision of the probation service are linked to alcohol and

drug misuse. This included theft, burglary, assault, and public disorder offenses. The survey involved 2963 adults who were under the supervision of the Probation Service. 89% misused alcohol and drugs in the past, 27% misused drugs, 20% alcohol and 42% misused both, 21% were misusing two or more substances, and alcohol was the substance most commonly misused. The survey found that 74% of drug misusing and 71% of alcohol misusing was related to their current criminal offence. For people who use drugs 37% were linked to crimes such as thefts, burglaries and robberies and 31% for possession. For alcohol 21% were assaults, 20% thefts, burglaries and robberies and 19% were public order offences. The research found that while substance misuse was linked to the offences, they were not necessarily the cause of the crimes. Other issues such as mental health, lack of self-control, and anger problems played a part as did problems such as family background, lack of parental control, low education and childhood abuse (Probation Service, 2012).

The economic compulsive link is seen in the literature as the most likely link between drugs and crime. The Garda Study (Keogh 1977) has been very effective in informing public opinion in Ireland about the link between drugs and crime. However, this model has been criticised by Pudney, (2002) who argues that although drug use can increase the number of offences an individual commits, money-oriented crimes are not caused by drugs, as criminal activity often exists before drug use. For example research conducted by Keogh (1997) found that 77% of the drug users had criminal records, the majority of these committed crimes before they ever took drugs. Out of the 326 participants who were asked the question which came first, crime or drug use? 51% stated that they were involved in crime before they took drugs. 19% of the participants reported that crime and drug careers started at the same time, and 30% started using drugs before they started to committee crime. The typical age of participants who first got involved in crime was 14 years and drug use was 15 years. Research conducted by 0'Mahony, (1997) with 108 prisoners found similar results, 66% of whom used heroin did so at the age 18 years, while their first conviction was 17 years. Another survey of 29 drug using inmates in Mountjoy Prison Dublin found that the majority (13) started committing crime before they started using drugs, whereas 9 participants started committing crime at the same time as drug taking. There was also a significant gender relation finding in this study, 8% of the woman participants stated that their criminal behaviour came after they took drugs (Dillon, 2001). These finding coincide with international literature in this area (White and Gorman 2000).

Another major model that explains the relationship between crime and drugs is the Systemic Model: this proposes that drug related crime results from disagreements over territorial issues, transactions and debt collection and drug distribution which include gangland murders. (White and Gorman

2000). This type of crimes is less prominent in Cork city, although occasionally spill over from other regions does exist. The crime situation in Cork is mostly unorganised which prevents the after effects of organised crime which can lead to murders and a lot of fear for locals living in the city. That is not to say that local drug dealing does not affect local neighbourhoods in Cork city, but gang and organised crime is limited.

Another feature of the Systemic Model relates to street level drug dealing which causes crime and nuisance within a community (Lupton et al. 2002; White and Gorman 2000). Studies in an Irish context have looked at the impact of drug dealing on communities (Connolly 2006, 2003; Murphy-Lawless 2002; Fahey 1999; Mayock 2000). According to Connelly

> *"Low-level distribution networks are the principal means by which drugs become available in a neighbourhood. Drug dealing at this level involves a high number and frequency of transactions and is therefore likely to have an immediate and observable impact upon the quality of life of the local community" (Connolly 2003:82).*

The International Narcotics Control Board (2003) also stated that the harm caused to communities by young people and adults in drug related crime and violence is enormous. The report describes the way in which drug-related crime at a micro-level can lead to the creation of 'no-go areas', the development of a culture of fear and the general erosion of what it terms the 'social capital' of communities. Some commentators argue that there is a fourth model, the common cause model that is needed to explain the relationship between drugs and crime. Within this model Connelly argues that there is no direct link between drugs and crime but are linked via other factors (Connelly, 2006). Hough et al (2000) concur and argue that economic deprivation, unreliable parenting, low educational achievement and lack of job opportunities are linked to drug use and heavy involvement in crime. Irish research has constantly shown that social factors, such as educational disadvantage, poverty and social exclusion can add to drug use and also criminal behaviour. Studies related to drugs and crime found that drug users are more likely to be single, between the ages of 14 and 30, male urban, still living with parents, left school before legal age of 16, have high levels of unemployment, be in the lowest socio-economic bracket, have a high number of convictions and a high rate of recidivism. They also have a history of family members in prison, more likely to reside in areas of high social disadvantaged mainly local authority housing (Furey and Browne 2004; Dillon 2001; Hannon et al. 2000; O'Mahony 1997; Keogh 1997).

In addition to the social factors that impact on the relationship between drug taking and crime. The

availability of drugs and the type of drugs available need to be considered. For example there has been an increase in Heroin use in Cork since 2006. For the past couple of decades the drugs of choice in Cork were mainly hash, ecstasy, benzo and cocaine (Murphy, 2014). It is said that the reason why heroin did not come to Cork till the mid 2000 was because local families who controlled the drug trade in the city had forged a 'gentleman's' agreement to keep heroin out the city (O'Sullivan 2013). However it was not just Cork that saw a rise in heroin use. Opiate use had also emerged to smaller towns such as Portloaise, Arklow and Athlone. Prosecutions involving heroin throughout the rest of Ireland started to increase significantly around this time (O' Mahony, 2008).

There is also the perception that heroin use can lead to an increase in individuals offending to feed a drug habit. For example according to Chief Superintendent Mick Finn, increase in heroin use can cause crime to increase. During Corks Joint Policing Committee meeting, Chief Superintendent Mick Finn told the meeting that the rise in crimes such as muggings and thefts in Cork city centre was due to heroin users desperately needing their next fix. He stated that these crimes had increased 41% compared to the previous year (O'Sullivan 2013).

2.8. Supports in the Community

It is generally the case that people with criminal convictions alongside addiction issues have complex needs; for example they are a greater risk of homelessness, repeat imprisonment, suffer mental health issues, experience physical illness, often have difficulties with inter- personal relationships, and have experienced childhood trauma – all of which can result in loss of social support and behavioural problems (Center for Substance Abuse Treatment, 2013). Importantly, research demonstrates that family and peer support is key in order to support an individual through the desistance process – particularly at times of acute need. e.g. release from prison (Marti and Cid 2015). Unfortunately many individuals who experience addiction and incarceration have access to positive family or peer support. Here in Ireland prisoners are 23 times more likely to come from (and return to) a seriously deprived area (O'Donnell et al., 2007) and also to have experienced abuse in the home, witnessed addiction in the home; for many of these people, family support is completely absent (Nugent, 2016). In order to successfully desist, these individuals need to access support elsewhere. For many individuals support can exist as formal support (e.g. probation sponsored groups, an addiction sponsor) or informal support (friendships made in AA/NA etc). There are many formal post-prison support services in Cork city and many other related support organisations which work with individuals who are at risk of incarceration or were formerly incarcerated. Often times, individuals who seek out adult services related to engagement

with the criminal justice system have been engaging with formal services from a very young age; examples are the Garda Diversion projects, Youth Health Services, youth clubs, Young Peoples Probation and youth addiction services (etc) see Directory of Drug and Alcohol Services in Cork and Surrounding Areas. Other support services commonly accessed by individuals on release from prison include homelessness services (Focus Ireland, Cork Simon Community), desistance/recovery services (Cork Alliance Centre), education and training (Churchfield Community Trust), addiction services (Cork Local Drugs Task Force), and suicide prevention (Pieta House) to mention but a few.

Research on desistance shows that individuals report that they value practical support more than any other type of intervention. Holistic approaches has been seen as more effective (Sapouna et al, 2011) and this support is required not only in the early weeks but also in the longer term. Research conducted by Healy (2010) also found that attending a rehabilitative program or developing a good relationship with correctional staff helped these individuals to desist. What this shows us, if proper support is in place, this can benefit some to desist (Farrall, 2002, Maruna and LeBel, 2010; McNeill, 2006).

2.9. Anti-social behaviour

Anti-social behaviour refers to a range of activities, from intimidation and harassment, to low- level drug dealing, to children playing football in the streets (Community Mediation Works, 2010). Antisocial behaviour is often linked to local authority housing estates, where it can affect the everyday lives for the residents living in these estates (O'Higgans, 1999; Fahey et al. 2011: 99). According to (Hourigan, 2011: 131) "residents of disadvantaged estates experience more fear and trauma on a daily basis because of anti-social behaviour of children than the more serious activities of feuding gang's members in their communities". Hourigan also states that "teenagers from the more disadvantaged families…viewed the streets as the 'stage where they could assert themselves, exert control and demand respect from others". (2011: 50). Balancing the need to allow children space and freedom with the concern of residents is omnipresent. The Gardaí are often powerless to deal with anti-social behaviour which can lead to often problems in the community. Young people often reasonably blame their behaviour on boredom stating that they have nothing else to do except act out on the streets (Griffin and Kelleher, 2010). Compounding the issue of anti-social behaviour is the fact that young people, who left school early, may have a lot of time on their hands and anti-social behaviour can give these young people something to do. According to Hourigan "getting away with vandalism, personal abuse or shoplifting can create a 'buzz' (2011: 136). This reinforces the behaviour for the young people involved. Anti-social behaviour is often depicted as being limited to a small proportion of residents often known as 'problem families'. According to

Hourigan, (2011: 136) these families are the “disadvantaged of the disadvantaged”. In an RTE documentary Fr Peter McVerry a social justice activist states that these young people are just expressing the effects of alienation, poverty and social exclusion which they cannot express any other way (Peter McVerry, 2016). The families or parents of these young people are often involved in serious criminal behaviour or have chronic addition problems. The activities of this small group of people can lead to a whole community being stigmatized, especially when the media focus on the area (Devereux, et al., 2011). This stigmatisation can affect other young people living on the estate and create a ripple effect which can stop them from gaining employment because of their address, thereby making it easier for them to get involved in anti-social behaviour (Share, et al 2011). Research conducted by Fahy et al (1999) looks at six local authority estates in Ireland and highlights the role of anti-social behaviour by a few families in destabilising entire community. One of these six local authority housing estates was Dean Rock in Togher on the Southside of Cork city.

2.10. The usual suspects

As might be expected the people who experience disadvantage in Ireland tend to be over represented in the prison system. Research conducted by Martynowicz and Quigley, (2010) found that those incarcerated in prison lacked skills and employment, had likely experienced homelessness and on-going stigmatization. A survey of young boys incarcerated in St Patricks Institution in Dublin showed that inmates tended to come from large families in poor urban areas, with below average intelligence and educational attainment, and their fathers where likely to be in unskilled or semi-skilled occupations (Flynn, McDonald & O’Doherty 1967). The Kennedy Report (1970) concurred with these findings and stated that the inmates of St Patricks Institution suffered deprivation and were generally ‘backward’. Over thirty years later research conducted by the Department of Justice, Equality and Law Reform replicated these findings, stating that of the 84 young people before the Dublin Childrens Court, 80% lived in local authority housing. (Kilkelly, 2006)

However it is not just youth offending where this pattern applies. A study of Mountjoy inmates shows that socio-economic disadvantage was very prevalent in Dublin’s main prison. The study found that the majority of prisoners were in their thirties, from a large family in a poor area. They worked in poor paying jobs and were regularly unemployed, most left school at the age of fourteen or earlier. The prisoners usually received their first conviction at the age of sixteen and many had spent time in juvenile detention (O’Mahony, 1993). Further research echoes these findings, showing that those appearing at the Dublin District Court for criminal offences came from disadvantaged areas (Bacik et al, 1998). Lalor et al (2005) attributes this experience to the existence of a ‘prison

class', whose values support repeat offending and a constant struggle with the criminal justice system. Killkelly, (2006) however identifies the social complexity of these individuals that those in custody experience deprivation, family breakdown, school problems and substance abuse, as well as other factors. Other commentators such as Griffin and Kelleher (2010) researched a group of young men living in the most disadvantaged communities in Ireland who were involved in or on the verge of committing crime. This research shows us that these men left school with no qualifications, which excludes them from the labour market, they had no structure to their day which leads to boredom, fear of violence, and a sense of hopelessness. The researchers concluded that "the barriers to social inclusion facing these men are enormous" (ibid: 43). Hourigan, (2011) concurs and states that these young men get involved in criminal activity due to the rational response to the situation in which they find themselves, while these cases are relevant due to the fact they use an Irish sample there is very little research on crime in Cork and little research on the inmates in Cork Prison. The majority of researched in Republic of Ireland tends to be more focused on Dublin and Limerick.

There was however research conducted by Phillips (2002) who looked at the individuals participating in the Intensive Probation Scheme in Cork city. The Intensive Probation Scheme was set up to supervise offenders in the community instead of sending them to prison. The programme was aimed at working with long term prisoners coming to the end of their sentence, while other were sent by the courts. All selected participants where persistent and serious offenders from Cork (Phillips 2002). The majority, 60% left school without any qualifications, while only 1% completed the leaving cert the final exam in Secondary education in Ireland. 59% of the participants were employed at some stage in their lives. The majority of their work was casual seasonal, and manual unskilled. 41% were never employed. The majority of the participants (62%) came from Local Authority Housing estates on the Northside of the Cork City which had the highest rates of unemployment at the time (ibid). 15 years later the same areas still has the highest rate of unemployment (Hayes et al 2014). The average age of first conviction for the boys was 16 years and their first sentence was 18 years. 18.2% received a prison sentence on their first conviction. Crimes committed by the sample were mainly larceny, burglary, malicious damage, criminal damage and road traffic offences. Overall the research conducted in Ireland shows us that the majority of people incarcerated in Irish prisons come from poor and disadvantaged backgrounds (Flynn, McDonald & O'Doherty 1967; Kilkelly, 2006: Bacik et al, 1998). In all of above studies we see that people tend to come from low economic status families, and that young lower class males are overrepresented in the prison population.

These findings concur with broader Criminological Research conducted in Cork city which shows

us that the experience of middle class households was very different from those in working class households (McCullagh, 1998). This applies to both offending and victimisation. Of the sample in the study less than 2 per cent who were burgled came from middle class household, whereas, 14 per cent came from working class households. Personal crime such as assaults, threats and theft from the person was also examined. While the level of assault was very low overall, the experience of violence predominantly occurred in working class households. Furthermore these findings are well supported in the literature that young men are highly likely to become the victims and perpetrators of crime. In addiction vehicle theft and cars being vandalised was more likely to occur in working class areas. Households were asked did they witness crimes such as arson, vandalism of property, housebreaking, shoplifting, stealing from cars, selling, buying and using illegal drugs, joy-riding, fighting and indecent exposure. All crimes except indecent exposure where more likely to be witnessed in working class areas.

Furthermore people from working class areas felt that they were treated worse than people from other areas, and they felt this was because people from middle class areas were more likely to know a Garda who they could speak to, than those from a working class area (McCullagh, 1998). In addition, those who felt most unsafe at home at night where those from working class communities, they were also worried that their homes would be broken into while they slept or while they were out. They were also most unhappy about the area they live. Households were also asked what did they consider to be the biggest problem in their area and crime was identified as a problem in all areas. In middle class areas the biggest problem was perceived to be the risk of burglary. But statistically working class households were at greater risk of being burgled.

2.11. Conclusion

This chapter presents an account of the links between poverty, and social exclusion in Cork city and how this deprivation can lead to crime. This chapter examines employment opportunities, along with the inequities of opportunity for the working class people in Cork city. In addiction this chapter looked at the history of social housing in Cork, how the global economy was felt locally and how segregation led to prolonged deprivation. The chapter demonstrates how large local authority housing estates were built mainly on the Northside of the city around the 1970s, whereas on the Southside of the city we see significant investment such as colleges, Industrial estates, hospitals etc. These developments brought wealth and added extra development south of the river with 10,000 new jobs for the area. In the early 80s saw the collapse of industries which lead to high unemployment rates. These unemployment rates were hit harder on the Northside of the city, which lead to high rates of poverty, and social exclusion.

The chapter also shows us how the effects of poverty and social exclusion lead to young marginalized men having to leaving school early and finding themselves caught up with the criminal justice system. The criminal justice system in Ireland is over represented by males from disadvantaged areas around the country who have addiction problems. As well as getting involved in the criminal justice system this chapter also looks at the link between substances abuse and how it can lead to criminal behaviour. We see how the effects of living in disadvantaged areas of Cork city, with little or no education and a criminal record can lead to a life of crime, imprisonment and addiction for these men, and how this has become an intergenerational phenomenon.

3. Desistence addiction and recovery

3.1. Introduction

Desisting from crime is the process where by an individual who has a history of criminal behaviour stops offending and no longer engages in criminal activity. Some see desistence from crime as a permanent cessation of offending over several years, (see McNeil, et al 2012) while others accept that they may be episodes of re-offending within this time (Maruna, 2001; Weaver and McNeill, 2007). The majority of desistance research has focused on developmental and life-course Criminology (Sampson and Laub, 1993) and within this growing field of research; desistance is recognized as a dynamic process of change where an individual stops committing crime. The process itself is influenced by various factors many of which are enmeshed in each other (Paternoster and Bushway 2009**;** Laub and Sampson, 2001; Maruna, 2001) an on-going debate in the literature and is whether or not desistance should be conceived of as a permanent state, or incorporate reoffending or 'lapses' into the framework. According to Shapland et al (2011) "*it seems simpler to us to focus the explanation on the absence of criminal behaviour, and the only sensible way to do that seems to be to bite the bullet and say that the study of desistance properly includes any significant lull or crime-free gap in the course of a criminal career*" (ibid, 2011: 371).

Most approaches to desistance conceptualise the phenomenon as a process, and a range of theories (or more accurately hypotheses) attempt to explain it. These theories can be organised according to the mechanisms for change, be they internal or structural influences. Some commentators understand desistance from the viewpoint of identity change or cognitive transformations (Giordano, Cernkovich, and Rudolph 2002; Maruna 2001; Paternoster and Bushway 2009); other theories stress the importance of age and maturity, while others still focus on push and pull factors and advocate for a rational choice perspective whereby when the negatives of offending outweigh the positives associated with it, an individual then choses to desist (Paternoster, et al, 2009).

Age is at the heart of early desistance research which was first addressed by Quetelet (1842) who found that criminal behaviour peaks in adolescence and continues to decline into early adulthood. The first longitudinal study in Criminology by Sheldon and Eleanor Glueck published the details of the lives of offenders, and was entitled Five Hundred Criminal Careers (Glueck and Glueck 1930). Based on the findings from this study, Glueck and Glueck (1937) argue that "aging is the only factor which emerges as significant in the reformative process" (p. 105). This research has

become the longest follow up study in the history of criminological research, because the study was taken up by Sampson and Laub in the 1980s and 1990s (Sampson, & Laub 2003; Sampson and Laub, 1993). While age has continued to be highly relevant in desistance research, Sampson and Laub, (1992) have advanced the work of the Gluecks by expanding on the relevance of age to the field by acknowledging the role of biological changes, social transitions, and life experiences – thereby shifting the notion of age to a more complex idea of maturity.

The Sheffield Desistance Study, (Shapland and Bottoms, 2011), identifies the importance of identity and social links which can prevent desistance. They state that "moving towards desistance means accepting the constraints of a non-offending life, for the benefits conveyed by respectable and conventional social bonds - partners, children, relatives" (:277). They also identify that desistance is brought on by maturity and agency. Others prominent research into desistance focus on situational or structural factors, such as changes in social bonds, and how this is relevant in encouraging desistance from crime (Sampson and Laub 2003). Sampson and Laub (1993, 2003) shed light on the significant role of pro-social turning points, such as employment and marriage, in the desistance process and linked these life events to maturity and a shift in personal and social identity.

Sampson and Laub (1993) further developed this idea by focusing on the notion of social capital and considering that when an individual enters employment or gets married, their social capital can increase through the emergence of new social bonds. Social bonds are a means of assisting individuals to conform which the authors claim ultimately prevents offending (Ezell, et al 2005). These social bonds can differ over time and change depending on the age of the individual, making it an age-graded informal social control (Sampson and Laub, 2004; 2006). Importantly the work of Sampson and Laub (1993; 2003) advocates for the importance of agency in any analysis of the process of desistance. They see people as active agents involved in transformative action towards their future selves.

For some people, achieving positive social bonds as part of a desistance process is unlikely. As a result, due to the lack of positive social bonds many try to isolate themselves from their problematic friends without building new bonds and this is isolating. The Sheffield study found this as a desistence strategy among its participants. The participants witnessed individuals avoiding situations which could prevent them from reoffending Shapland and Bottoms, (2011: 274) called this '*diachronic self-control'*.

Another significant approach to understanding desistance is the symbolic interactionist approach advocated for by Giordano, et al (2002). The authors developed an approach that was in opposition to Sampson and Laub's theory of informal social control, by using a gender balanced narrative approach. Giordano et al; (2002) approach is a four part theory of cognitive transformation that focused specifically on the mechanism of change that underpins desistance, and importantly accounts for the desistance failures by including minority population data in the sample. This approach is a process model that tracks the cognitive processes or shifts that enables desistance to progress. The authors emphasise the need for the individual to have a 'general cognitive openness to change', a consciousness of the need for change and a recognition that change is both desirable and needed. In a sequential format, the authors then advocate that the individual must be exposed to and react to 'hooks for change' or turning points'. These hooks or turning points are not specified but can include rehabilitation programmes, religious communities or family relationships etc. The third stage involves an identity shift, or at least the capacity to envisage an identity shift, where the individual can imagine or consider themselves in a new (and conventional) role doing new things. Finally, desistance is achieved when there is a transformation in the way the actor views deviant behaviour; when old behaviours are no longer seen as desirable or relevant to the new self. As part of this process, Giordano et al (2002) acknowledge the maturing process as a part of desistance by referencing a necessary 'emotional mellowing' brought about by the transition to adulthood.

While many of the desistance models focus on the individual, be they lifespan, biological or cognitive models, other approaches also exist. An example of one approach that prioritises the support needed for individuals in the desistance process is based on probation research carried out by Rex, (1999). This work highlights the importance of the officer-offender relationship, and advocates that desistance can be brought about due to a positive trusting relationship existing between the officer and the offender. Other frameworks that address the issue of support for an individual engaging in desistance include the work of Farrall (2002) who found that his participants preferred informal support through family and friends, rather than the formal support of a probation officer or a treatment provider. However Farrall (2002) acknowledges that many individuals might not be able to access informal support through family and friends, and the only way to access this support would be through a probation officer or treatment provider. Ultimately these approaches posit that working on one's inner self or attempting cognitive or identity change may not be sufficient to achieve desistance and that the active use of social and contextual processes is necessary to be successful. If this is the case, then it is important to note that rehabilitation treatment that focuses only on cognitive change/ behaviour might not be enough (McNeil, 2012).

Another approach that emerged in recent years and that follows the changes in practise in probation and NGO services, is a strengths based approach that aims to build on the positive existing qualities, talents and resources of offenders. It is hypothesised that taking a strengths based approach may ultimately be beneficial for successful desistence (Law and Ward, 2011). Furthermore, research on personal reflection (Paternoster and Pogarsky, 2009), meaning- making (Maruna, 2001), social support (King, 2013), and emotional wellbeing (Giordano et al 2007) can lead to agenic action which it is hypothesised might support successful desistence.

Maruna looks at a narrative approach to get an understanding of desistance. Narrative psychologists trust that self-narratives make available significant insights into a person's core motives, values and ambitions. Self-narratives are changeable as people can change their thoughts and behaviour to accommodate new information and experiences. Maruna found that people who had a past history of offending require a conceivable story that explains how they went from a life of crime to a life of no crime, if they are to convince themselves and others that they have changed. To achieve this, they construct a redemption script which links their "past experiences to the present in such a way that the present good seems an almost inevitable outcome" (Maruna, 2001:87).

The redemptive script starts off with the individual stressing that they started off in life as 'good people' that they got trapped in criminality by circumstances beyond their control. The individual then explains how they raised above these circumstances through the help and support of an external advocate, maybe a youth worker, counsellor or family member. Furthermore, they highlight their own struggle, or agency, in the change process (Healy et al 2016). Agency according to Maruna (2001) involves four key features. First, a sense of control over one's life chances. Second, respect of others and self for one's achievements. Third, the accomplishments of important goals, and fourthly a spiritual connection with a higher power. Some individuals who desist from crime try to use their knowledge and experience of their criminal past life to help and support people overcome criminality or addiction. This can gives the person a meaning and a direction in what could otherwise be a meaningless life, and also give them a chance to redeem themselves. It can be very difficult for a person to turn their lives around when all they know is a life of crime and addiction.

According to Maruna persistent offenders accepted a condemnation script which is characterised by an absence of agency and generatively. They argue that they were "*doomed to deviance*" by chance events or difficulties during childhood which distracted them from feelings of emptiness

and alienation, this caused a pleasure-seeking lifestyle (Maruna, 2001: 74).

Vaughan (2007) concurs with Maruna's (2001) argument that narratives offer important insights into people's thoughts, values and behaviour. Vaughan states that "*human agents constitute their identity by plotting their own lives within a narrative that exists between a past that is denounced and a future ideal towards which they strive*" (ibid: 396). Vaughan argues that when the opportunity to change their lives is presented, they employ on a conversation with themselves, which develop through three different stages. During the "discernment" stage, they contemplate whether the desired conformist self is compatible with current criminal lifestyles. If the identities are obviously in conflict with each other, the person experiences a wiliness to change. They then weigh up the cost and benefits associated with both the criminal and conformist lifestyle in the "*deliberation*" stage before promising themselves to a new conventional identity in the final "dedication" stage. Vaughan also states that desistence can only be understood through an appreciation of the actor's ultimate concerns, defined as "the commitments that matter most and dictate the means by which he or she lives" (ibid: 390).

Research conducted by Healy and O' Donnell (2008) found that the redemption script did not exist in the early stages of desistence. They found that early stage desisters were focussed on ordinary goals, such as getting a job or finding a home, rather than generative concerns. They argue that the individual desisters look for basic needs to be met before they embrace higher needs like generativity. Furthermore, early stage desisters did not have a language of agency, but one could emerge gradually the longer this person stayed away from crime and deviance, and where challenged with real world experiences of success, empowerment and self-control (Ibid :2008). Furthermore, Liem and Richardson's (2014) research found that offenders and desistance narratives both had features of the redemption script, but desisters were likely to apply agentic language in their stories.

Another way at looking at desistance is primary and secondary desistance which is linked to the work of Lemert's (1951) understanding of deviance and is used by Maruna and Farrall (2004). Primary desistance refers to any crime-free period in the course of a criminal career. Secondary desistance on the other hand is seen as the movement from the behaviour of non- offending to the notion of a role or identity of a changed person who does not commit crime (Weaver & McNeill, 2013). The wait to form a new identity might just be too long a wait for some, as according to Giordano et al.'s (2002), the effort towards gaining access to social supports for change can be hesitant and erratic. Deliberate self-change and desistence does not happen straight away, this process takes time. Furthermore, as desistance from crime consist of changes in a person's

identity, values and preferences, it is also important to stay clear of opportunities that could tempt a person to commit crime (Gottfredson, et al 1990) throughout the process.

Following on from Maruna and Farrall's (2004) Primary and Secondary desistance McNeill (2016) highlights another element which is important for long-term change: the acknowledgement by others that one has changed and the development of a sense of belonging which he calls tertiary desistance. McNeill (2016) argues that desistance is not just a personal process but also a social process. This mirrors Shapland and Bottoms (2011), three aspects of desistance approach which states that our social environment can have important influence on our behaviour, either positive or negative. Research conducted by LeBel et al. (2008) found that feelings of stigmatisation were the reasons why some people experienced reconviction and re-imprisonment. Society at large can find it very difficult to trust people who have been to prison in the past and are recovery from addiction. This makes things very difficult for individuals trying to move on with their life and it can prevent people from gaining employment. This is significant because according to Sampson and Laub (1993) "job stability, commitment to work and mutual ties binding workers and employers increase informal social control and, all else equal, lead to a cessation in criminal behaviour" (Laub and Sampson 2003, p.46). If people are being stigmatized for their past it can cause barriers to change. According to Braithwaite (1989) societies with close collective bonds and a strong sense of shared responsibility would experience lower re-offending rates because they practice reintegrate shaming. Reiterative shaming refers to "shaming which is followed by efforts to reintegrate the offender back into the community of law-abiding or respectable citizens through words or gestures of forgiveness or ceremonies to decertify the offender as deviant" (ibid: 100-101).

This section looked at the history, theories and the reasons around why people stop offending. There are on-going arguments in the literature whether or not desistance should be perceived as an everlasting state, or include reoffending or 'lapses' into the framework. Some commentators understand desistance from the perspective of identity change or cognitive transformations (Giordano, Cernkovich, and Rudolph 2002; Maruna 2001; Paternoster and Bushway 2009); other theories identify the importance of age and maturity, while others still focus on push and pull factors and advocate for a rational choice viewpoint whereby when the negatives of offending outweigh the positives associated with it, an individual then choses to desist (Paternoster, et al, 2009), where the life and lifestyle of the person who offends can have sever consequence which can lead to a person wanting to stop committing crime.

One thing that people do agree on is that most people will eventually stop offending (see McNeil, et al 2014). It comes to a point in most people's lives who commit crime that they want to stop. Some stop and do not return while others while trying to stay away from crime keep lapsing, which sometime have negative consequences such as imprisonment. Some would have good social bonds which make the transition easier, while others who would not have positive non-criminal people in their lives find this transition difficult; while others find it difficult to shift the identity of someone who is involved in criminal activity. For some this identity can take a long time to change, some might hold onto this as a survival strategy, while others are labelled by society as a an "ex-offender" which can stop this person from gaining employment which is preventing them from being in the company of people with non-criminal identities. Some deal with this by isolating from society which can have detrimental effects on their mental health, while others return to crime, as they can't seem to move from primary desistance to secondary desistance. Importantly the role of society in enabling desistance must not be ignored.

3.2. Addiction

The World Health Organisation states that "Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to 'dependence syndrome' - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal (WHO, 2018).

Addiction issues are very common and Ireland has a problematic relationship with alcohol as drinking alcohol large amounts of alcohol and binge drinking alcohol has long been seen as part of Irish culture (SLAN, 2003). Recovery on the other hand is not that well understood. Someone is said to be 'in recovery' "*If, they are being given a course of treatment to help them recover from something such as a drug habit or mental illness."* Collins Dictionary (2019). This definition does not give the full meaning of what is entailed in recovery from addiction. The Betty Ford institute consensus panel (2007, p. 222) defined recovery as "a voluntarily maintained lifestyle characterised by sobriety, personal health and citizenship". This definition reflects the all-encompassing nature of recovery from addiction.

Furthermore, the Betty ford institute Consensus Panel further differentiated the stages of recovery, by introducing the categories of ''early sobriety'' (the first year), ''sustained sobriety'' of between

(1 and 5 years), and ‘‘stable sobriety’’ (of more than 5 years). What this alludes to is that the longer people are in recovery the more stable they are in their recovery. Importantly addiction is progressive, the longer people are in active addiction the worse they get mentally, physically and emotionally. But it seems that recovery is also progressive, as the more time that there are in recovery, the longer they have to recover from the mentally, physically and emotionally state they were in at the start of their recovery. The origins of this approach are embedded in the phrase ‘time is a great healer’.

3.3. Adolescence and addiction

As a developmental stage, adolescence is a period of maturation, change, and unrest (Casey, 2010). The word adolescent is derived from the Latin verb adolescere, meaning ‘to grow up’ or ‘come to maturity’. Dryfoos, (1990) suggests that there are seven tasks to be achieved during adolescent and these are drawn from psychological literature on adolescent development. These are the search for self-definition; the search for a personal set of values; the acquisition of competencies necessary for adult roles, such as problem – solving and decision making; the acquisition of skills for social interaction with parents, peers, and others; the achievement of emotional independence from parents; the ability to negotiate between the pressure to achieve and the acceptance of peers; and the experimentation with a wide variety of behaviours, attitudes, and activities (ibid: 25).

The developmental task of adolescence takes place during a time in life that is often regarded as characterised by ‘storm and stress’ (Hall 1904). According to Hall the turmoil of adolescence is caused by hormonal changes but also the upheaval of trying to find their place in society and he states that these are the causes of adolescent misbehaviour, and delinquency. Present-day research would argue that the majority of adolescents due to the challenging early years of adolescence will find it difficult not to develop significant social, emotional, or behavioural difficulties (Steinberg and Morris 2001), as they pass through this developmental stage.

Furthermore, adolescence is inherently a period of dependency and risk because of the pivotal importance of adolescent development and the tremendous influence that the social environment has on such development. Jesser (1992) describes successful adolescent development as

> “*the accomplishment of normal developmental tasks, the fulfilment of expected social roles, the acquisition of essential skills, the achievement of a sense of adequacy and competence, and the appropriate preparation for transition to the next stage in the life trajectory-young adulthood*” (ibid: 22).

Adolescence is a time where individuals explore and experiment. It is also a time of physical and mental development, when small changes can impact on the rest of a person's life. Risk taking is an inherent part of adolescence and usually a time when young people try alcohol, tobacco and cannabis for the first time (Smyth, et al 2011). Over use of these substances during this time of life can be damaging to normal growth (Gruber, et al, 2011) and may result in addiction and chronic use which can lead to long-term health problems and early death (Schuppan, 2008).

In Ireland 287 adolescents under the age of 19 years died between 1998 and 2009, due to or as a consequence of substance use (European Monitoring Centre for Drugs and Drugs Addiction 2011). Substance use in Ireland has been on the rise over the past decade and lifetime use of illegal substance has risen by nearly 10% in the 15-34 years age category. Increased use of cannabis (up 9.6% to 33.4%) and cocaine (doubled to 9.4%) are the most concerning trends identified from a recent report from the National Advisory Committee on Drugs (NACD, 2012). A recent survey from United Nations International Children's Emergency Fund (UNICEF) reported that 38% of Irish 18-year-olds have taken drugs (defined in this survey as any substance except alcohol or tobacco) at some stage in their lives, and it rose to 44% for 20 year-olds (UNICEF Ireland, 2011). In the same survey, when asked if they were currently taking drugs, 28% admitted that they were.

This extensive substance use in Irish society is placing an undeniably huge burden on resources. Between 2005 and 2010, there were 2,295 recorded cases of adolescents under the age of 18, who used a drug treatment centre (Belleros, et al 2011). This is along with an increase of over 50% in treatment request over this five-year period. Figures from the Central Statistics Office (CSO) show that the number of case for "possession of drugs for personal use" in 2010 was 14,523, which is more than double the prosecution figure for 2004 CSO, (2011). This database also shows a similar rise in the recorded number of cases of "possession of drugs with intent to supply"; 4,159 reported in 2010, almost twice the level recorded in 2004. There appears also to be a sharp increase in the domestic production of these substances to supply the high level of demand. In the same period of time as above, there was a 14-fold increase in the number of cases of "cultivation or manufacture of drugs" (ibid).

Quite problematically persons who start experimenting with substances at an early age are more likely to engage in poly-substance use (Lewinsohn, et al 1999), to have problem use later in life (Chen et al 2009), to suffer from health problems (Hart, et al 2009), and to experience psychological problems (Tucker, 2009). Preventing or delaying the onset of experimentation could reduce the number of persons requiring medical treatment; thus potentially reducing the burden on

the public health-care system, and related health-care expenditure. Furthermore, it would likely lead to a decrease in poly-substance use, which has been associated with increased mortality (Gossop, et al 2002) and has been implicated in approximately 50% of all substance-related deaths in Ireland between 2004 and 2009. (Health Research Board, 2011). Given the relationship outlined earlier between drugs and crime, attempting to address this issue must be done in a holistic manner.

3.4. Crime and addiction in Ireland

As mentioned alcohol abuse and drug use has always been linked to criminal behaviour in Ireland. Not only can the abuse of alcohol and drugs have negative effects on a person's life, family, friends and community, it also places a huge burden on Irish society. One of the most significant problems with the use of alcohol and drugs is the connection between alcohol, drugs and crime. Relatedly there is a high incidence of addiction amongst the Irish prison population. According to Michael Donnellan, Irish Prison Service Director General, "*70% of the 3,700 prisoners have serious drug problems*" (Ó Cionnaith, 2017). Research conducted in Cork Prison found that 60% of prisoners had a documented history of substance abuse and addiction; 40% with a history of benzodiazepine misuse, 10% with alcohol misuse, 1% with cannabis abuse, 1% with cocaine abuse and 1% with gambling addictions. Seventy-six per cent of survey participants had or were seeing an addiction counsellor in the prison system (Freeman and Allen 2015).

Addressing the issue of the relationship between addiction and crime along with the criminalisation of drug dependence Taoiseach Leo Varadkar, in a government document entitled Reducing Harm, Supporting Recovery stated "*Treating substance abuse and drug addiction as a public health issue, rather than as a criminal justice issue, helps individuals, helps families, and helps communities. It reduces crime because it rebuilds lives. So it helps all of us*" (Department of Health 2017).

However in the Irish context, the state still relies heavily on the incarceration of people who have addiction problems. Addiction is one of the leading factors linked to imprisonment in Ireland. Given this we cannot examine desistance in Ireland without addressing addiction issues in parallel.

3.5. Addiction and Masculinity

Addiction can trap an individual into a lifetime of crime; it can also prevent an individual from desisting from crime **(**Hussong et al. 2004). However, addiction is not only about the individual, and the medical model is quite restrictive in its power to explain substance abuse. The social factors relevant for addiction are central to our understanding of the phenomena, as is identity formation and peer influence. But perhaps more worryingly, addiction can interrupt the process of teenage

social and emotional development leaving young people stranded between offending, isolation, addiction issues and crime. Addiction also increases ones chance of imprisonment, which causes increasing disadvantage by reducing options for forming positive social bonds, isolating people from society and limits ones experience of pro social behaviours (Sampson and Laub, 1997). Addiction can also cause the individual to continue committing crime, in order to 'feed their habit' (Warr, 2002).

Drug use is intimately connected to an individual's identity-making, because drug use can be seen as a way of "doing masculinity" (Messerschmidt, 1993). Masculinity is locally and socially approved through norms such as behavioural expectations and expressions (Connell, 2005), and the physical way of "doing masculinity" is vital to the cultural interpretation of gender. Substance abuse is a way of achieving and maintaining masculine or hyper masculine status. Levant's (1997) concurs and states that characteristics of hegemonic masculine ideology see working class men overly represented in substance abuse figures and prison numbers. The body is an unavoidable part of the construction of masculinity. Masculinity can be seen as "embodied social action" (Messerschmidt, 2009:131) and drug use and excess drinking are part of this social action. Drug use effects the body as well as the mind (Lindesmith, 1968), and so the performance of masculinity is impacted by these substances (Peterson, et al 2011). According to Spector-Mersel (2006) the intersection of age and masculinities, is central to the understanding gender identity because different ways of doing masculinity are "*bound to social clocks that ascribe different models of manhood to different periods in men's lives*" (ibid: 70); we would add class to this analysis.

In adulthood, a life of crime and addiction can generate exclusion and stigmatization, due to the changing expectations the individual encounters during the course of their life (Sampson and Laub, 1997). The meanings of masculinity change the older one gets, and also behaviour can change their meanings. Street masculinity can be linked to the more violent aspects of street culture. In the lack of those working-class institutions and paths to acceptable livelihoods, for those living in urban poverty there is a fight for masculinity so one can be respected. So men embedded in street culture cannot let others "get one over them", if they do so this could diminish their "*street cred*". If their street cred is lessoned, they could be seen as weak and people could take advantage. On the other hand, they can increase their own street cred by stealing or humiliating someone else. Mullins, (2006**)** shows how there is a hierarchy within the street, where those who do not gain respect from their peers are seen as 'punks'. These 'punks' are told what to do and dominated by their more respected peers. Insults are then used as a form of gender liability to belittle those men suspected to be falling short of gender performance.

While masculinity is per formative, it is also developmental and contextual. Masculinity means different things at different life stages and what is valued in adolescence may be ridiculed in adulthood. For example because of years of substance abuse is an important part of this gender performance as individual might no longer be seen as the tough masculine type he was in the past. This can affect their identity and social standing in their community. For years this individual might have been respected in his community, now he might be seen as weak due to his addiction. The risk-taking behaviour that was status making in adolescence has now become a problem, it is no longer compatible with a positive masculinity. A similar theme emerges in the work of Paternoster and Bushway's (2009: 1116) of a "*feared possible self*", where the offender is faced with an "*image of what kind of future they now realize they do not want.*" Part of what is feared is the failure to live up to the adult, masculine ideal in street culture society. One could argue that this individual may desist from crime and deviance because they cannot live up to the masculine ideal type that formed their identity, or continue further into their addiction because they cannot deal with the fact that their old identity (tough, strong) is gone, which can cause isolation, excess drink and drug use and mental health problems.

3.6. Rock bottom

As mentioned, addiction and crime are linked and in Ireland active addiction often leads to criminal behaviour (Laub and Sampson 2003; Schroeder, Giordano, and Cernkovich 2007). While these responses are linked some researchers would go further and point out that they are inseparable. One example of this is the similarities between desistance and recovery from addiction (Laub and Sampson 2001; Maruna 2001). What pushes people into making the decision to stop their lifestyles? Laub and Sampson (2003) linked it to important turning points in the men's lives, such as starting a family, gaining employment, moving to a new area or joining the military. Maruna (2001) emphasises the importance of self-narrative and Giordano et al.'s (2002), spoke of the benefits of pro social bonds in forming new identity. Other commentators found that hitting rock bottom, much like recovery from addiction was included as part of the process of desistance from crime (Carlsson 2012).

Carlsson researched the experience of 62 boys desisting from crime, and found that hitting rock bottom was included in the reasons why they wanted to desist. Hitting rock bottom was a factor for them in desisting from crime because things got so bad, particularly their addiction, that they had to change. The lifestyle was perceived to have caught up with them leading to "burn out" physiologically, mentally and spiritually. The boys felt they would no longer maintain the level of energy and aggressiveness that came with their lifestyle (Farrall, 2017).

The term rock bottom originated from the Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) 12 step programme, it was used as a central element in the motivation for people to stop "using" (Sobell, Cunningham, and Sobell 1996). Klingemann (2011) who researched participants in recovery from alcoholism found that respondents were convinced that one must "hit rock bottom" before overcoming alcohol abuse, they saw this as part of the process. According to DuPont and McGovern (1992), drug addiction occurs in three stages: In the first stage, the individual fools around with drink and drug use, and enjoys the feeling as it takes away any distress or anxiety they may be feeling. In the second stage the addicted person losses control and becomes addicted to the emotion created by the drugs. At this stage problems arise, due to their drug use, and the positive aspect felt at the start is no longer there; addictive behaviour becomes a way to survive. If they do not receive support for their addiction, they will delude themselves around the severity of their problem and continue to use drugs. In the third stage, the addict "hits bottom" causing extreme suffering to their lives. They recognise that they have lost control over their addictive behaviours, and their lives (ibid). While this process model is useful it is important to note that reaching rock bottom can be cyclical! It can happen a number of times.

Desistance from crime and recovering from addiction that has been brought on by negative turning points, can effects several dimensions of one's life such as physiological, emotional, familial, social, economic, and criminal implications (Chen 2010). Drugs have physiological effects on the body (Sheehan, Oppenheimer & Taylor 1986), and the emotional effect of drug use can cause confusion and embarrassment in the advanced stage of addiction. During this stage the individual may feel isolated powerlessness and in despair as they see their lives collapsing (Chen, 200I). Some cannot admit to themselves how bad things are, as they are in denial, even though their lives are full of emotional stress, alienation and isolation (DuPont & McGovern 1992). Family life is affected due to their addiction which can lead to rejection (Means et al. 1989), and socially they become isolated, as addiction and imprisonment is complemented by a social stigma that causes shame to the individual. These feelings of shame can prevent the person seeking help (Chen 2001). According to Cassell (1992), social alienation can cause great suffering in the person's life, which distances them from their social environment and impacts all aspects of their personal relationships. Crime becomes the only option for financing their addiction. This can lead to numerous arrest and multiple prison sentences (Lurigio 2000; Anglin & Speckart 1991). Other extreme circumstances which are brought on by addiction can help a person reach rock bottom, such as near death episodes, victimisation and abuse.

Statistics from the National Drug-Related Death Index, shows that in Ireland in 2014, the

number of drug-induced deaths fell slightly, to 214, compared with 223 deaths in 2013. The majority of those who died were male in their thirties. Opioids were the drugs most commonly associated with drug-induced deaths. Prescription drugs were commonly implicated in poly-drug deaths European Monitoring Centre for Drug Addiction. (2017). In 2016 drug related deaths in Ireland were 736 deaths, three in four of these individuals were male, and 85% of the deaths opiates were used. The majority of these death occurred in Dublin 85%, and in Cork there were 22 deaths in 2016. This number is rising in Cork as 10 years previously there were 5 deaths (Health Research Board, 2019). One of the reasons for the rise in deaths in Cork City may be due to the increase in heroin use for the past 10 years.

These near death events and negative outcomes can sometimes push individuals to want to change the way they are living their lives. According to Paternoster, et al (2009), for an individual to desist from crime they must first make a decision to quit crime, because the individual has had enough of the lifestyle, and wants to change the person that they have become. The individual is very frightened of his future because of the way they are living. The fear for them, when they are released from prison gave some of the participants the motivation to do something about their addiction and their offending. These theories are similar to the Conservation of Resources (COR) model, where individuals who are faced with loss of resources strive to maintain, protect and build them retrospectively. For some, hitting rock bottom might not be negative as it seems. "Rock bottom" might give them the motivation to do something about the negative circumstance that has befallen their lives. If they link these negative outcomes to their addiction and lifestyle, this could start a process of desistance/ recovery (Chen 2010). This may involve a residential or a drug treatment centre.

Martin et al., (2011) have identified that treatment has a positive influence on desistance in offenders who use drugs. Treatment centres can have positive effected in many different ways, like having a positive effect on identity reconstruction (Marsh, 2011), openness to engaging in meaningful activities, (Wooditch et al 2014) and a change of social networks (Bahr et al 2012). It also helps them to look at the effects thire behaviour has on other people (Bahr et al., 2012; Marsh, 2011). For them to succeed, Paternoster, et al (2009) quite obviously states that desistance comes when the individual wilfully changes his identity and works towards something positive for the future and stays away from the life that had them in the midst of crime, drugs and violence. This identity change can be slow and on-going. Giordano et al. (2002), note that deliberate self-change and desistence does not happen straight away, this process takes time, and can lead to numerous relapses, which can lead to prison and hospitalisations.

3.7. Recovery-Desistance from what

Given the relationship between substance dependence and crime, particularly the profile of offenders in Ireland, we may well ask what is an individual desisting from. Is crime a result of addiction or vice versa, which takes priority in the recovery process, or are they so intertwined they cannot be separated. Ultimately what are individuals desisting from? There can be a difference in the terminology and interpretation that is used in the process of people ceasing their drug life style. Some commentators see it as desistance from substance use (Bakken et al., 2014; Wooditch et al., 2014), while others use 'recovery' from substance use (Colman and Vander Laenen, 2012; Landale and Roderick, 2014; Marsh, 2011) and Taylor (2008) also uses this term, seemingly interchangeably with 'desisance'.

We then need to consider what desistance looks like. For example, individuals may stop committing serious crimes and still engage in low level criminality but this is still regarded as deviant? Some commentators would suggest that criminal behaviour is merely one expression of a more basic, underlying construct, such as low self-control, which during one stage in the life course manifests itself as crime (Carlsson, et al 2012). However to place "blame" on individual characteristics is to miss the point. Desistance cannot be only about crime because achieving a lifestyle characterized by non-offending means achieving sobriety, stability, employment or meaningful activity, mental wellbeing and inclusion. So desistance from crime is the end point of an intense personal recovery process. Shover (1996) adds that

> "*Most of those who stay out of prison are 'successes' in only the narrowest, most bureaucratic meaning of the term non-recidivism. Most ex-convicts live menial or derelict lives and many die early of alcoholism or drug use, or by suicide*" (Shover1996: 145).

So there is more to desistance, than just stopping crime; it is also about individuals becoming active and positive members of their community. Research conducted by Nugent et al (2016) shows how some desisters refrain from offending for long periods of time but are not in a position to establish a new identity which they called 'the pains of desistance'. These pains are associated with isolation and goal failure which leads to further hopelessness. The road to desistance for their participants was successfully stopping offending, but led many to an inadequate and often diminished life. Other researchers also found that a desistence strategy that involved avoiding situations in order to avoid reoffending which (Shapland and Bottoms, 2011: 274) led only to a limited and disadvantaged life.

In some instances substance use can persist beyond any involvement in crime, and we know that individuals can persist in heavy substance use despite desisting from crime (Massoglia 2006; Nagin, Farrington, and Moffitt 1995; Sullivan and Hamilton 2007). It could be argued that for some, it just might be too difficult to stop abusing alcohol/drugs due to the traumatic life experience these individuals have experienced, but it is not likely that long term desistance will be achieved with this approach.

3.8. Desistance or Recovery

As mentioned the desistance literature identified a correlation between criminality and addiction, (Colman and Vander Laenen 2012, Maruna 2001, Farrell, Hunter, Sharpe and Calverley, (2014). Colman and Vander Laenen (2012: 1) stated that, 'desistance is subordinate to recovery'. Looking at Giordano et al.'s (2002) cognitive transformation theory, the participants developed an openness to change due to their lifestyle and exposure to hooks for change provided them to desit from problematic behaviour; this generally applies to substance abuse and crime.

However, most of desistance research looks at the termination of crime (Giordano, Cernkovich, and Rudolph 2002; Maruna 2001; Paternoster and Bushway 2009). For a lot of people once they stop their addiction, they automatically stop offending (Best and Savic, 2015). Colman and Vander Laenen (2012) point that the relationship between crime and addiction is not equal, that desistance is subordinate to recovery. Criminologists and addiction researchers have suggested that drug use can lead to economic-compulsive, psychopharmacological or systemic crime, which can lead to drug use and that both drug use and crime, could have similar underlying causes (Gjeruldsen et al., 2004). Recidivism rates are high among offenders who use drugs (Stanford and Arrigo, 2005), and, for some drug-using offenders, there seems to be an 'ensnarement effect' whereby drug use preserves engagement in criminal activity and thus increases the likelihood of re-arrest and readmission to jail (Prendergast et al., 2010). There's a high chance of relapse for people who constant use drugs which may result in the increase of already lengthy criminal careers (Stanford and Arrigo, 2005).

It is more likely that the desistance journey is more difficult for people in active addiction compared to those that do not have alcohol or drug problem because drug use can be a risk and confounding factor in their desistance process (Makkai and Payne, 2003) and both drug use and recidivism are relapsing conditions for drug-using offenders (Tiburcio, 2008). Research conducted by Colman and Vander Laenen, (2012); Marsh, (2011); McCray et al., (2011); Taylor, (2008) Wooditch et al., (2014) find that recovery from alcohol or drug use is a positive influencing factor in the desistance

process from crime. Marsh's, (2011) research which looks at the desistance and recovery journey of 10 Irish Males in Dublin Ireland found that 'the primary identity claimed by each individual related to addiction recovery, and maintaining desistance from crime was dependent on continued successful recovery from addiction' (2011: 58).

Commentators identify an extensive list of risk factors which links criminality and substance abuse, such as family issues (Hourigan 2011), low social attachment (McCullagh, 1998) individual problems such as poor self-control, risk taking (Lyng 1990); deviant peer relationships (Maruna, and Roy 2007); environmental factors such as neighbourhood disorganization (Lupton, 2002) and availability of drugs (Connolly 2006). However recovery is not merely the reverse engineering of these conditions, it is a new way of doing life.

3.9. Maturity and masculinity

Maturing and growing/aging out of crime have been well studied and go back to the 1830s with Adolphe Quetelet's research showing that persistent offenders levels of offending decrease during the decade between the ages of 20 and 30 (Ezell and Cohen, 2005; Laub and Sampson, 2003; Piquero et al., 2007); therefore any life-course approach to desistance, masculinities and crime must take into account the persons age, and gender. According to Spector-Mersel (2006), age is a limiting feature in how we think about masculinities, as different ways of doing masculinity are "bound to social clocks that ascribe different models of manhood in different periods in men's lives" (Spector-Mersel, 2006: 70). Ways of acting and being, represent successful ways of "being a man" and doing masculinity at any given time in a man's life and are tied to precise phases of the life course (ibid), furthermore these are locally interpreted.

When taking a life course approach to attempting to understand offending and desistance, two processes can be identified as key explanatory frameworks: constructing and doing of masculinity and the trajectory of the criminal career. For boys, rebellion against established institutions such as the education system, authority figures (such as the Gardaí) can be seen as normative and a way of doing masculinity (Messerschmidt, 1993). With adult men, shifts in social roles, social identity and social norms mean that masculinity is expressed in other ways and doing masculinity or "being a man" manifests differently. After a rebellious youth, it is perhaps expected that the coming-of-age juvenile delinquent should "settle down," enter the labour market, form a family, and so on. This behaviour was noted by Laub and Sampson (2003: 147), who found that one participant "linked the role of 'party boy' to being young and single" and ultimately viewed marriage and employment as parts of the process of "settling down." According to Carlsson (2013) expressions of

masculinity can be linked to delinquency during adolescence, but this approach also can encourage desistence during the transition stage to adulthood. Criminal behaviour that is explained as an expression of the idea of 'being a man' during adolescence (Matza and Sykes, 1961; Moffit, 1993) can in some cases be seen as incompatible with the idea of 'being a man' in adulthood (Massoglia and Uggen, 2010). Masculinity and maturity are not simple uniform processes, as in many cases, the phenomena intersect in a manner that augments the acting out of criminal and deviant behaviour.

According to Gadd and Farrall (2004) there are different social discourses about the role of masculinity in which men may participate. Importantly, for some theorists the start of the desistence process is linked to a change in one's perception of masculinity, where being capable of succeeding in carrying out tasks in favour of a conventional life means a rejection of previous conceptions of masculinity or 'being a man'. This new role can support desistence not only for the reasons argued by Sampson and Laub (1993), but also because it gives individuals an insight into how the process of change can happen for them. Importantly, the transition to adapting to traditional societal models of adulthood as well as doing adulthood through engaging in expected social roles is vital to successfully desisting from crime. According to Carlsson (2013), pathways of persistence can be linked to difficulties experienced by individuals when released from prison while trying to acquire masculine adult roles.

This approach is conceptually similar to that of Laub and Sampson, in that social bonds theory accounts for the development of adult relationships that emerge as one engages in the traditional rites of passage that mark adulthood (marriage etc). The main focus of this approach, rather than focusing on roles, is that turning points in the men's lives, such as starting a family, employment moving out of an area or joining the military are key to moving away from offending behaviour and towards a more conventional lifestyle. The older the men got they started to gain more pro-social bonds which helped to reduce offending through the mechanism of informal social control. However, the social bonds had to be important, steady and of high quality in order to support desistance. First, relationships build emotional attachments which can be impacted if a person is still involved in deviance and/or criminality. Second, pro-social bonds can change a person's environment which prevents them from being exposed to criminal opportunities. Third, new social bonds ensure individuals are exposed to different values and cultures. Fourth, pro-social others observe and manage daily activities where anti-social behaviour is exposed as problematic may not acceptable. Finally, social bonds adjust the offender's self-concepts which help them to strive towards non-criminal identities (Healy et al 2016). This notion that one good adult, in

a young person's life can have a positive influence on their mental health (Dooley, et al 2012) or a sponsor in recovery from addiction, (Crape, Latkin, Laris, & Knowlton, 2002), has significant impact on how desistance may be viewed; not merely as an individual process but as an interpersonal journey where the relationship with a key individual is paramount.

However, while the importance of a positive role model is not in question, a significant hurdle is the point at which individuals who are on a desistance journey can access this resource. The problem with this for many individuals is that because their lifestyle (including the effects of trauma, social exclusion, poverty and addiction) they are not able to gain or hold down employment, or have the capability to forming new romantic relationship or starting a family (see Thornberry, 1997), thus the options for creating new social bonds is limited. However, once individuals can access this social resource, the new social bonds can change their self- concept which helps them to form non-criminal identities (Healy et al 2016).

Research conducted by Dwyer (2014) who looked at the lived experiences of men in a 12-step recovery group in Ireland found that masculinity interacts with recovery for individuals in a residential treatment programme. Participants stated that they went into recovery so that they could find themselves as men, because while in addiction they did not have the ability to be a man, and thought that by going into recovery they would find that part of themselves. The participants in Dwyer's research found that by sharing and seeing others share at 12 step meetings helped them to talk more openly about what was going on for them, which helped take away the macho ideas of keeping things bottled up.

Research by Nugent et al. (2016) has pointed out that the space for the personal development work that is necessary for individuals to successfully desist is often found during the process of recovery from addiction. Therefore, they found that if the participant did not get into recovery and tried to desist from offending without having addressed their addiction it could be very hard for them to establish a new identity, and so they remain stagnant at a behavioural level without having engaged cognitively with the process of change (Nugent, et al 2016). Research shows that AA affiliation can give the individual a sense of belonging which can increase an individual's sense of overall general social support which helps abstinence- specific self-efficacy (Stevens, 2015).

In recovery literature Biernacki (1986: 141) states that to achieve recovery, "addicts must fashion new identities, perspectives and social world involvements wherein the person who was dependant on drugsidentity is excluded or dramatically depreciated". This then shows us the

importance of surrounding oneself with positive social relations. For some people with a criminal history, family and friends may hold onto a deviant lifestyle which would not assist person in desisting or recovery, so to maintain recovery one needs to 'knife off their past' (Maruna, and Roy 2007). This is easier said than done and may not be a realistic option for many. "Knifing off" from family and friends can lead to social isolation, impact mental ill health and back into the cycle of addiction. It can be very difficult for people on the desistance journey to find a positive pro social bond which supports them to form a new identity. People with criminal records can find it very difficult to get others in society to see them for who they are today. No matter how much they have changed their behaviour, it takes a long time if ever for society at large to accept this individual has changed.

In one sense people who are attempting to desist and have addiction problems are at an advantage here as there is a place for them to go which will help them with this identity and behaviour change. Marsh (2011), research focused on the narrative building process for people recovering from drug addiction. Marsh's work found that the mechanisms of identity change progressed by engagement with 12-Step fellowship, which also supports desistance. For individuals who do not have addiction problems and want to desist, they may have to isolate themselves (Nugent, et al 2016) which can lead to a limited and disadvantaged life (Shapland and Bottoms, 2011).

3.10. Chronic offenders

While looking at the lifestyle and life histories of individuals who start off committing crime as young people and continue committing crime into adulthood, researchers tend to look at the prison, (Bailey et al., 1994); individuals on probation (Farrral, 2002) or individuals in the community (Farrington and West, 1993). Researches looking at the lives of offenders in the community have consistently shown that poverty and family factors can predict offending (Loeber and Dishion, 1983; Rutter and Giller, 1983). The Cambridge Study argues that individuals with "chronic" offending behaviours come from more difficult family backgrounds (Farrington and West, 1993). Research conducted by Zara and Farrington, (2016) explores the psychology of chronic offenders, not only looking at their crimes but also their life stories. "The syndrome of anti-sociality is relevant in so far as it explains how delinquent behaviour is a relatively minor aspect of a life characterised by extremely abusive parental relationships, emotional neglect, substance abuse, unemployment, social rejection, and domestic violence" (ibid :40).

A chronic offender is where the individual's crimes escalate from less to more serious offences, and

their lifestyle leads them to a pattern of disaster and maladjustment in most areas of their lives (ibid). Researchers studying recidivism argue that a small group of offenders are responsible for the majority of crimes (Loeber and et al, 1998; Moffitt, 1993). Chronic offenders are more likely to start committing crime at an early age and desist at a later age, are more than likely to be involved in patterns of maladjustment and anti-sociality, are more than likely to be involved in a number of different offences as their criminal career progresses, and are less likely to desist suddenly from crime. In most cases, desistance is a result of a tragic event such as illness or death, rather than an acted-out choice of changing their lifestyle Zara and Farrington, (2016).

3.11. Developmental trauma

According to TUSLA the child and family agency that support and promote the development, welfare and protection of children in Ireland state that childhood trauma, including abuse and neglect, can have serious consequences towards a person, which can stay with them all the ways into adulthood. In 2016, there were 47,399 child welfare and protection referrals received by social workers, this was an increase of 9% on the previous year (Tusla Integrated Performance and Activity Report, Quarter 1 2017).

Of the cases referred to Tusla in 2016, 60% (28,312) were child welfare concerns and 40% (19,087) were child abuse / neglect concerns. (Tusla Integrated Performance and Activity Report, Quarter 1 2017). Research shows us that traumatic childhood experiences can impact on many different areas of functioning. According to Van der Kolk (2005: 2) “children exposed to alcoholic parents or domestic violence rarely have secure childhoods; their symptomatology tends to be pervasive and multifaceted, and is likely to include depression, various medical illnesses, as well as a variety of impulsive and self-destructive behaviours” .

These traumatic life experiences, “Complex Trauma” Van der Kolk, (2005), describes the multiple and/or chronic and prolonged developmental adverse traumatic events, which occur more often in an interpersonal nature (e.g. sexual or physical abuse, war, community violence) and early-life onset. These traumatic events often happen within the child’s family home and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood (Cook et al, 2005).

Isolated traumatic incidents can produce separate conditional behaviour and biological responses due to being reminded of the trauma, which can be linked to PTSD. Furthermore, chronic maltreatment or repeated traumatization has a preserving effect on the development of the mind and

brain. Chronic trauma affects neurobiological development and the ability to assimilate sensory, emotional and cognitive information into a cohesive whole (Ford cited in Van der Kolk, 2005). Developmental trauma can cause negative responses to subsequent stress (Cicchetti,et al 1995) which can lead to dramatic increase in the use of hospitalisation, imprisonment, social and mental health services (Drossman, et al 1990). Individuals with childhood histories of trauma abuse and neglect make up the majority of people in the criminal justice system, and individuals who have experienced physical abuse and neglect have high rates of arrest for violent offenses (Teplin, et al 2002).

When a child is distressed their parents are there to restore a sense of safety and support, which helps the security and attachment bond, which mitigates against trauma induced terror. When trauma occurs in the present of a supportive parent, the child's response is likely to behave the same way as their parent. This is a means of transmission of problematic behaviours across generations (Van der Kolk, 2005).

Repeated experiences of parents reducing uncomfortable emotions (e.g., fear, anxiety, sadness), enabling child to feel soothed and safe when upset, become encoded in implicit memory as expectations and then as mental models or schemata of attachment, which serve to help the child feel an internal sense of a secure base in the world (NCTSN, 2011).

If the parent is disorganised, the child response will be more disorganised (Browne, 1996). However, if the distress is overwhelming, or the parent is the cause of the stress, children are not able to control their behaviour. According to Cole, et al (1992) if traumatized children are left to their own devises, this can cause difficulties in emotional self-regulation. This can lead to problems with self-definition as echoed by a lack of a continuous sense of self, poorly controlled affect and impulse control, including aggression against self and others, indecision about the trustworthiness and expectedness of others, which is expressed as distrust, suspiciousness, and problems with intimacy, and which leads to social isolation.

3.12. Adverse Childhood Experience (ACE)

These traumatic events termed Adverse Childhood Experiences would have been experienced by children before the ages of 18 and would have long term negative effects on health and well-being. Children's brains and bodies are just developing, which makes them sensitive to repeated traumas. According to Lambert et al (2017) "high doses of adverse adversity during childhood have been found to alter brain development as well as the immune system, with serious implications for later

physical, mental and social health". An ACE study (Fellitti et al, 1998) was first conducted on a national scale to investigate the exposure to early adverse and traumatic experiences and to investigate if these can lead to an ever-increasing antisocial lifestyle. Since then it has been replicated a number of times and results show us that experience of toxic stress or trauma as a child is significantly correlated with adult health and problematic social behaviours (Taylor et al., 2008).

The ACE study had over 17,000 participants which looked at the ten scale questions related to a person's exposure before the age of 18 to physical, emotional, sexual abuse, and other household dysfunction such as living with a parent with substance misuse issues or an incarcerated relative (Feletti et al, 1998). The original study revealed that more than half of the respondents had identified at least one ACE as a result defining that exposure to early life trauma was relatively common. Nevertheless the research also revealed that participants with a score of 4 or more were at dramatically increased risk for negative health outcomes, and a dose response between the ACE score and risk for poor health experiences was noted (Feletti et al, 1998). Where there is a 4+ score, the likelihood of chronic pulmonary lung disease increases 390%; hepatitis, 240%; depression 460%; suicide, 1,220%. A study with a similar number of participants was conducted in Australia and similar outcomes were found (Taylor et al., 2008).

Research conducted closer to home in the homeless shelter in Cork Simon Community (Lambert et al, 2017) shows that 100% of service users who took part in a questionnaire had one or more ACEs, over 77% experienced 4 or more ACEs. A score of 4 or more ACEs is known to put an individual at a significantly increased risk of poor health and well-being. By comparison, 67% of the general public in the original ACE study had experienced 1 or more ACE and only 12.5% scored 4 or more. 1 in 3 Cork Simon service users had experienced 7 or more ACEs and close to 1 in 10 had 10 ACEs. The 3 highest scoring ACEs were Verbal abuse which was experienced by 75%. Substance misuse by a family member and physical abuse was experienced by 67%. The results also show us that the majority of Cork Simon Community service users suffered verbal and physical abuse at home during their childhoods. More than I in 3 suffered sexual abuse during their childhood. A quarter experienced physical neglect and two thirds endured emotional neglect. Over 70% lived with someone with an addiction issue, more than half lived with someone with mental health difficulties, half grew up in one parent families and close to a third grew up in households where a family member was in prison. 4 in 10 witnessed domestic violence towards their mother (ibid).This research shows us that services users in Cork Simon have suffered extraordinary levels of abuse prior to ending up homelessness (Lambert et al 2017).

ACE causes the creation of toxic stress or increased cortisol in children which triggers the fight, flight, freeze response and this stunts the development of normal neural pathways. ACE affects children well into adulthood, which can have severe consequence in their daily lives. They are on high alert for danger, responding with anger, violence, impulsivity or defensiveness or by shutting down/disconnecting when emotionally overwhelmed or triggered (Riem et al., 2015). Consequences that are linked with ACE include difficulty reading facial and social cues, heightened alarm responses, avoidance, memory problems, poor decision making skills and aggression. The aforementioned responses must be understood as 'normal' trauma responses but importantly these are factors that stop individuals from properly engaging with mainstream services. Individuals who have been exposed to adversity have impaired decision making and are at increased risk of self-harm and substance abuse and present with challenging behaviour (Lynch & Lambert, 2016).

3.13. Trauma and violence

Research studies shows us that there is a relationship between personal traumatic history and violent crime (Chung, Di, & Wan, 2016; Maschi, Gibson, Zgoba, & Morgen, 2011), with each adverse event that happens to a child having a snowballing effect that increases their likelihood of becoming a serious, violent offender by the age of 35 (Fox, Perez, Cass, Baglivio, & Epps, 2015). Having increasing trauma predicts experiences that an individual will be more likely to offend and re-offend, even with high levels of family support (Taylor, 2015), which without a trauma history typically predicts a reduction in reoffending (Taylor, 2016). Similar risk factors trigger these different types of violence, as well as, a previous history of violence, mental illness, alcohol and drug misuse, social isolation, poverty, high unemployment and economic inequalities (Butchart, et al; 2006). The existence of these risk factors preserves the cycle of violence; and their absence, together with shielding factors such as financial security and social support; which can help break these cycles (Pinheiro 2006). Research shows us that being a victim of childhood maltreatment is linked to experiencing violence in later life, either as a victim or a perpetrator of (a) collective, (b) self-directed or (c) interpersonal violence (Krug EG et al. 2002).

Collective violence is where violence is committed by groups of people. Gang violence in adolescence is often linked with adverse experiences as a child (Patterson et al 1989) and criminal careers (Widom et al 1994). Self-directed violence refers to violence were the perpetrator and the victim are the same person. It is divided into self-abuse and suicide (Felitti, 1998). Research shows us that there is a relationship between child maltreatment and self-harm, as well as eating disorders and depression (Palmer, et al 1992) prostitution, cutting and self-strangulation (Falshaw, 1997). And finally interpersonal violence can be linked to family violence (towards partners, siblings,

children, parents and older family members) and community violence (violence by teenage and adult acquaintances and strangers, violence related to property crimes, and violence in workplaces and other institutions). Interpersonal violence can lead from victim to further victim of violence in the home and community. It can lead to victim from child physical abuse in the home (i.e. a maltreated child becoming an abusive parent) or towards an intimate partner in the home. And finally, victim to perpetrator in the community, were the person commits anti-social offenses. These circumstances are not equally exclusive and often work together; for example, 50% of violent men are both violent in the home and in the community (Dixon, et al 2003).

Widom & Maxfield, (2001); Smith, Ireland & Thornberry, (2005) concur and state that childhood traumas such as abuse, neglect, poverty and witnessing violence are linked to the person ultimately becoming aggressive and committing criminal acts. These traumatic experiences are also linked to post-traumatic reactions, aggression, and antisocial behaviour (Dong et al., 2004) Finkelhor, 2008) and Widom (1989) concur and found that that there was a connection between trauma and antisocial behaviour, showing that such children were at a greater risk of being arrested in adolescence. These individuals also have experienced chronic victimization along with an intergenerational experience of violence (Burton, Foy, Bwanausi & Johnson, 1994).

This concurs with the literature on Adverse Childhood Experiences. Research conducted by (Ford, 2018) shows that almost half of prisoners (46%) reported they had experienced four or more ACEs. This compares to just over 1 in 10 (12%) in the wider population. The report also found that prisoners with multiple ACEs (four or more) were four times more likely to have spent time in a young offender institution than those with no ACEs.

3.14. Trauma & Addiction

Research conducted by Back, (2003) looks at the link between trauma and addiction and found that two thirds of people seeking treatment for substance use disorders report one or more traumatic life experiences, whereas Jacobsen et al (2001) found that up to 75% of clients presented with addiction had histories of trauma. Najavitz (2002) found that of the clients sampled in substance abuse treatment 12 – 34% experienced post-traumatic stress disorder; looking at women alone these rates increased to between 33 – 59%. As well as those accessing treatment centres, there is a higher rate of people with mental illness amongst those who have contact with the criminal justice system than those in the general population (Gudjonsson et al., 1993; Mair and May, 1997).

According to Fisher (2000) addictive behaviours are ways of altering consciousness and changing psychophysiological experiences. The chemical dependence can be seen as another way to self-

regulate, which can be linked to self-injury which is highly likely linked to trauma induced behaviour. Addictive behaviours can be seen as a survival strategy, a way to numb off difficult memories, self soothe, increase hyper-vigilance, combat depression, or facilitate isolation. Addiction to psychoactive substances requires continual increases in dosage to continue the same self-medicating effect and eventually substance use is needed just to ward off physical and emotional withdrawal. Thus substance use in most cases gets out of control, and over time, causes major disruption to the individual's life until at some point the substance causes more damage to the person's life than the symptoms it is trying to keep at bay. The individual's addiction must always be addressed alongside the trauma because the substance abuse will consistently undermine all other treatments by impairing the patient's memory, perception, and judgment (ibid).

The trauma model is very useful to understand addiction because it highlights the role of the substance in the addict's life but also acknowledges the 'work' that needs to be done once the substance is removed. So once the substance is taken away, the individual is left with all the memories and emotions linked to the abuse and trauma that they have experienced in their lives. A failure to deal with this trauma is often the reason why so many people relapse and go back 'using' because they find it difficult to deal with the emotions and pain of the past Fisher (2000).

According to Fisher (2000) the individual needs to become aware of the difficulties that they are more than likely going to encounter when they stop using drugs and alcohol. That sobriety or abstinence can trigger a whole new series of crises because the individual is not using chemicals to treat the symptoms of trauma. This can cause repeat episodes of abstinence/relapse cycle.

Unfortunately treatment outcomes tend to be worse for individuals who have posttraumatic stress disorder (PTSD) and substance use disorders (SUD). They experience more psychiatric symptoms and intrapersonal anguish than patients with either disorder alone (Najavits et al., 1998, Ouimette et al., 1998). Relapse can happen sooner to those with PTSD compared to those with only SUD (Brown et al., 1996), and individuals with SUD and PTSD tend to have worse compliance with aftercare (Brady et al., 1994), and more frequent inpatient treatment (Brown et al., 1995). This has implications for intervention planning, especially around psychological intervention and psychiatric treatment.

3.15. Treatment centres supporting Desistance and Recovery

In 2015, roughly 9 500 clients entered drug treatment, in Ireland. 4000 of them for the first time. Most participants entered treatment through outpatient settings. Primary opioid users remain the

largest group entering treatment in Ireland, however they have accounted for a falling number of all treatment entrants over the last few years. In comparison, the proportion of cannabis users entering treatment rose between 2007 and 2013. The third group of clients are those entering treatment for the use of hypnotics and sedatives, mainly benzodiazepines (classified as 'other drugs') (European Monitoring Centre for Drug Addiction. 2017). Both amphetamines and MDMA are reported only very rarely by new entrants to treatment. Approximately one quarter of clients entering treatment are female; however, this amount varies depending on primary drug and treatment programme. For example, females are more likely to seek treatment for primary amphetamine or heroin use than for use of cannabis or cocaine (European Monitoring Centre for Drugs and Drug Addiction 2014). Treatment has a very important role in assisting people to desist from addiction/crime. (Marsh, 2011); Martin et al., (2011) have identified that treatment has a positive influence on desistance amongst people who use drugs, with Marsh (2011) stating that the support of a 12 step programme assists individuals in desisting from crime and staying alcohol/drug free.

3.16. Aftercare

It is not just the treatment that can have a positive influence on desistance but the continue care or after care is vital. This can range from treatment after care programmes, support services in the community, or programmes that work with people in addiction/crime to support them on their journey of recovery/desistance. To desist, individuals need a stable living environment (Griffin and Armstrong, 2003) with valuable and productive daily activities, which helps with boredom and gives them something to look forward to (Marsh, 2011). Much of this is delivered during the process of engagement with the 12 steps programme.

In Ireland Alcoholics Anonymous (AA) visits treatment centres and prisons on a weekly basis. People in most treatment centres in Ireland would recommend their clients to continue going to 12 step meetings after inpatient treatment. Participation in self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have been found to increase the likelihood of abstinence, improve social functioning and enable greater self-efficacy, they are most effective when viewed as a form of continuing care rather than a substitute for treatment services. AA combined with professional treatment has been found to be superior to AA on its own (Pelletier 2004).

Research conducted by Hoeppner et al (2014) found that AA attendance saw an improvement in drinking alcohol outcomes in younger adults and older adults age 30+, as people with alcohol and drug addiction need continuing support and management over long term to facilitate stable and

lasting recovery (Denis and Scott, 2012). Research also shows us that that attendance at Alcoholics Anonymous (AA) can have significant benefits both during and following treatment (Kelly et al 2006, Witbrodt et al 2012). Similar findings emerged in a study conducted in a prison where volunteers taught Vipassana (meditation) courses to inmates who had undergone drug rehabilitation (Frid, 2008). The results indicate that the main change in the prisoners' behaviour and consciousness was the development of a process of self-acceptance and recognition of their own ability to change. On the cognitive–behavioural level, the main influences included recognition of inner strengths, self-examination, and a new way of thinking. These helped prisoners create an inner order in their world; reduce the feelings of alienation, confusion, and anger that characterized their daily lives; pay more attention to their families; change their behaviour in general; raise their self-awareness; and take personal responsibility for their lives (Frid, 2008).

This correlates with the ideas of positive Criminology which comes from the ideas around positive psychology which places emphasis on social inclusion and on merging and integrating forces at the individual, group, social, and spiritual levels. Generally, an individual who is involved in criminal activity displays a higher degree of self-centeredness (Ronel, 2000). Self- centeredness involves a sense of existential separation, so that others are experienced as object like, and the individual experiences loneliness, existential, and spiritual alienation. Spending time with a peer group of like individuals (e.g., a gang) does not reduce the sense of existential separation from humanity at large, as it usually involves separation of that group from noncriminal society (Braithwaite, 2000). Another positive way to support people to move away from deviant lifestyles is exposure to positive human values, such as perceived goodness and altruism (Ronel, 2006). Numerous research studies among adolescents at risk have shown that these young people, who in most cases possessed an egocentric worldview (Elkind, 1967; Gibbs, 1991), expanded their insight of the world after meeting volunteers who offered them help. Their earlier perception of the world as a battlefield for survival was replaced by the knowledge that the world also contains giving without demanding anything in return and personal satisfaction that is not material, corresponding to their perception of the volunteers as representatives of these qualities (Lavie, 2008; Ronel, Haski-Leventhal, Ben-David, & York, 2009).

3.17. Support in the community

Stigmatization can be a barrier for people who committed crime in the past and are in recovery. There are stigmatized as being an "ex-offender" and a "drug user" (Colman and Vander Laenen, 2012). According to (Hopkins, 2014) the general public are more likely to have negative attitudes towards those dealing with drug addiction than those who were dealing with mental illness.

Marginalization can also stop these individuals from gaining access to legitimate opportunities and previous convictions can prevent them from gaining employment in the future, McCray et al. (2011) argue that desistance would be a lot easier if shaming, stigmatizing (and criminalizing) were replaced with real-life opportunities and alternatives. This would show us that there is a high need for supportive interventions or opportunities alongside drug and alcohol treatment (Landale and Roderick, 2014).

When individuals return to the community from a treatment centre, or a prison sentence, there is much needed support available to help maintain the individual's recovery in the long term. As mentioned earlier, recovery can prevent the person returning to their past deviant life. This is not as straight forward as one might think. According to Seaman and Lynch (2016) during their recovery journey there can be many relapses along the way and are many different stages in a person's recovery.

For the individual to reach stable sobriety, there needs to be lots of supports in place for this person to reach this stage in their recovery. As mentioned earlier, in Cork it is highly likely that those convicted of crime come from disadvantaged areas around Cork city; most of those would have low social capital. So it's not just addiction issues these individuals are dealing with at the start of their recovery journey, most have to also deal with multiple barriers to desistance; education, unemployment, homelessness, traumatic life experiences, deviant behaviour and peer/family pressure. Importantly people who are motivated to desist are more than likely to seek support compared to those who are still active in their deviant lifestyle (Healy, 2012) and engagement with these support service could prevent instances of relapse and increase pro social bonds.

One to one support with individuals will be more likely to support desistence, as it allows practitioners to work with offenders to locate them in their own desistence or journey, and it also allows them to discover their pathway or journey in its social and cultural context. While supporting a person's desistence journey, (once the person has identified that he wants to desist) the next step for the one to one process is preparing and planning on the agreed destination. This one to one approach can be more successful if the focus is on 'approach goals' rather than focusing on what must be avoided, once the person is aware of what needs to be avoided, he can then focus on what to achieve (Ward, 2013). Furthermore, for this process to work the practitioner and the person must first build a trusting relationship. If trust is established this can help the journey to work together especially through difficult situations.

Individual factors like hope, expectations and confidence are important but also assistance that addresses basic human needs. An individual's basic needs must also be supported (housing, health etc). This correlates with Housing First policy which recognises that a stable home provides the basis for recovery in other areas (Housing First National Implementation Plan 2018-2021). If these areas need to be addressed then the worker needs to refer this individual to the relevant support such as homeless services, or doctors (etc).

Other researchers, looked at the role that probation may play in supporting desistance (for example Rex, 1999; Farrall, 2002; McCulloch, 2005). According to Rex (1999) individual who showed changes to their behaviour while on probation described it as active and participatory. Probationers' commitments to desist appeared to be created by the personal and professional commitment shown by their probation officers, whose reasonableness, fairness and encouragement seemed to create a sense of personal loyalty and responsibility. They felt that their probation officer interpreted advice about their behaviours and were concerned for them and 'were motivated by what they saw as a display of interest in their wellbeing' (Rex, 1999: 375). Research shows the benefits that relationships play in effective interventions (Barry, 2000; Burnett, 2004; Burnett and McNeill, 2005; McNeill et al., 2005). If secondary desistance entails a narrative reconstruction of identity, then building a relationship with another person is so important to support the individual on their precarious and frightening journey.

However, professional working relationships are not the only way to support people to desist from crime. Research looking at young people in trouble suggest that their own resources and social networks can often support individuals with difficulties they encounter (Hill, 1999). Research in Spain conducted by Cid and Marti (2012) found that most participants started to change while in prison without the emergence of any turning points. This was not down to support or treatment by the prison service, but by the prisoner's family and partners who were very supportive during their visits. Their parents and partners gave emotional and material support while on visits and participants developed the feeling of a moral duty to pay back their family for all the harm they had caused. Of course this is not available to everyone.

There were similar findings in research conducted by Farrall, (2002) who looked at the desistance paradigm of 199 probationers. Farrall found that desistance was credited to specific interventions by the probation officer in only a few cases, although help with finding work and support around family relationships were particularly important. Desistance seemed to relate more clearly to the probationers' motivations and to the social and personal contexts in which various obstacles to

desistance were addressed. Farrall, (2002), states that interventions must focus more on community, social and personal context in which the individual resides (see also McCulloch, 2005). Furthermore, 'social circumstances and relationships with others are both the object of the intervention and the medium through which . . . change can be achieved' (Farrall, 2002: 212). Furthermore, interventions must not only focus on the individuals shortfalls. As according to Farrall these interventions might be great for enhancing cognitive skills, or support employability, they cannot create the social capital that resides in the relationships through which we achieve participation and inclusion in society. Boeck et al. (2004) concurs and states that bridging social capital in particular (which facilitates social mobility) seems to be limited among those are involved in offending, leaving them ill-equipped to navigate risk successfully. Social capital is very important to desistance. Research conducted by Barry (2004) shows the importance of capital, agency, identity and change play out specifically for younger people desisting from offending. Barry discovered, why they started and stopped offending, and what influenced or prevented them in that behaviour the older they got. The young people explained that their decisions to offending and desist were related to their need to feel included in their social world through friendships in childhood and through wider responsibilities in adulthood. Some individuals on their desistance journey may not have family or positive social bonds in their lives due to their disadvantaged background, addiction issues, and inability to hold down long term employment. These individuals can find this positive support through practitioners in the community which is enough to keep them on their recovery journey

3.18. Conclusion

In this chapter the relationship between addiction and desistance was examined. Addiction issues are very prevalent in the lives of individuals involved with the Irish criminal justice system, and the complex social educational and family circumstances must be examined in order to understand these issues. In this chapter it was pointed out that addictive behaviours can be seen as a survival strategy, a way to numb off difficult memories, self soothe, increase hyper-vigilance, combat depression, or facilitate isolation. Importantly trauma as a precursor to offending and addiction was examined. In particular the notion of adverse child experiences was discussed but it is vital to note that it is the interaction of trauma with personal, family and social factors that is relevant.

Another frame used in this chapter in order to get an understanding of substance abuse in young men is masculinity. Substance abuse is a way of achieving and maintaining masculine or hyper masculine status. Hegemonic masculine ideologies see working class men overly represented in substance abuse figures and prison numbers. With little or no employment opportunities working

class young men can look for other ways to prove their masculinity, such as excess alcohol and drug use or gaining respect in their community by being seen as a tough man. These learned responses are contextual and intergenerational.

This hyper masculine lifestyle will eventual catch up in the person, which gives them the desire to stop. This is very similar to desistance theory, where the lifestyle become too difficult for the person to continue. Here the lifestyle of active addiction becomes too much, that the person feels like they have to stop. There is a close link between addiction and criminal behaviour especial amongst people who offend in Ireland. In order to desist from crime some commentators would argue that the person needs to recover from addiction first that, ‘desistance is subordinate to recovery' (Colman and Vander Laenen 2012: 1).

The journey of recovery is too difficult for people to master on their own. Multiple supports are needed for these individuals to successfully achieve recovery and desist from crime. In an Irish setting those convicted of crime come from disadvantaged areas; most of those would have little positive support and low social capital. So it’s not just addiction issues these individuals are dealing with at the start of their recovery journey, most have to also deal with multiple barriers to desistance; education, unemployment, homelessness, traumatic life experiences, deviant behaviour and peer/family pressure.

Once out of an addiction treatment centre, or prison, individuals need long term support to deal with their issues. Some individuals trying to recover from addiction and desist from crime may have no reliable family support; their friends and employers have receded from their life, often due to their chaotic and even violent behaviour during their bouts of active addiction. For some their addiction started early in their teenage years, which prevented them from developing positive social bonds outside of their peer group. In order to succeed and move away from a life of crime and addiction, it is vital for individuals with this background to access external supports.

While engaging with these supports the person learns a new way to live their life. This journey is not straight forward, as there can be many relapses along the way. The important thing here is that the individual re engages with this supports and tries again. While re engaging with supports the person can see the cause of their relapse, learn from these mistakes and move on. It is while on this journey that the individual learns a new identity, a new identity which does not entail active addiction, violence and crime.

4. Methodology

4.1. Introduction

The study is concerned with understanding the life experiences of working class males over the age of 18 who have come into contact with the criminal justice system in the past; in most cases this means the individuals have spent time in prison. These individuals have all grown up in the Cork area. In order to get an understanding of these men's experiences, data was collected using a semi structured interview, and 40 participants were included in this study. Using a modified Grounded Theory approach (Charmaz, 2006) the data was analysed according to the core principles of this approach (line by line coding, saturation, etc), and the themes that emerged from the data informed the conclusions drawn in this dissertation. This chapter summaries the rationale for this methodology, explains the ethical issues and interviewer issues that were encountered and describes the process of data collection and analysis carried out.

4.2. Grounded Theory

"Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that makes the world visible. These qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them" (Denzin and Lincoln, 2000: 3).

Qualitative research, specifically a Grounded Theory approach, was selected for this study in order to help to get an understanding of what it was like for the participants growing up in disadvantaged areas of Cork city, and how this disadvantage made a difference to their lives, particularly their attempts to leave crime behind and 'get clean'. A Grounded Theory approach enabled the gathering of rich data, allowed for a flexibility of data collection methods, and gave the researcher access to the participants' world, not only to a descriptive account of their lives, but also access to the processes, and challenges they face in trying to change their lives.

In this study, because the area is under-researched, because rich data was needed to address the complex personogenic and social questions posed and because the overall aim of the research project was to gather information that could help create an in depth contextualized understanding of the process of stopping offending or desisting from crime a qualitative approach was necessary. In order to do this, and seeking a method that would allow an analytic process of

induction, I choose an approach that comprised of group work and semi-structured interviews. Using this data and following an inductive grounded analysis by building on emergent themes from the data this project produced a rich grounded analysis of life history data relating to the experiences of young men who had experienced complex and traumatic life events.

Grounded theory was appropriate for this study because this is a fundamentally understudied area. Desistance is of course widely investigated but desistance as a concept has never been applied to a Cork population in this way. It was unclear at the outset of this study how desistance as a descriptive notion and a theoretical body of work might apply to a sample population from the south of Ireland and so given the lack of pervious work upon which I could draw, Grounded Theory was ideal due to the likelihood that a theoretical framework would ultimately emerge from the data. Importantly, and key in choosing Grounded Theory as an approach for this study was the almost total absence of data on young male prisoners from the Cork/Munster area.

Grounded Theory as an approach to research originally emerged in response to very similar issues. Its founders saw what they described as a theoretical drought brought about by a reliance on the traditional scientific method approach within sociology (Pettigrew, 2000). A similar issue existed within Criminology. As a result Grounded Theory (GT) emerged as a distinct challenge to positivist conceptions of the scientific method, a methodology that stressed objectivity, generalisability, the possibility of causal relationships and an unbiased and passive observer (Charmaz, 2006). The GT methodology aimed to generate theory in a manner that linked it to the data.

Grounded Theory methods originate from the work of sociologists Glasser and Strauss (1965) who were studying people dying in hospitals (Glaser and Strauss's, 1965; 1968). Around this time in the US, death and dying was rarely spoken about nor acknowledged with the patients who were dying. Glasser and Strauss's research began by looking at how death occurred in a number of hospitals. They looked at how the staff dealt with their terminally ill patients and how the patients themselves dealt with the news of dying. Glasser and Strauss gave their data clear analytic treatment and produced a theoretical analysis of the social organisation and chronological order of dying. They discovered these analytic ideas by talking to patients and staff, and exchanging preliminary notes analysing observations in the hospitals (Charmaz, 2006). Glasser and Strauss, (1967) took this approach because they contested the dominant ideas that existed at the time concerning methods, data analysis and methodological consensus more generally. They ultimately presented an alternative method for qualitative research, which gave practical guidelines for action (Charmaz, 2006). Glasser and Strauss (1967) suggested that methodical qualitative analysis had its own logic

and could produce theory and that such a method could allow researchers to develop data in order to recognize, improve and assimilate concepts. Even though the method was developed by two sociologists, it is not just used in this field, but used widely by other researchers in Psychology, Nursing, Education, and business (Morse et al., 2009).

Glasser and Strauss' approach became known as Grounded Theory and it looks at the individual's role and how they respond to the situations and struggles they come across in their lives. How the individual responds to these situations can be seen as action or interaction and is viewed on the person's socially derived definition of the situation (Corbin & Strauss, 2014). Importantly for Glasser and Strauss Grounded Theory was based on themes that were emergent from the data – and the key issue was tying any theoretical assumptions that emerged in the final analysis to the rich data that was collected from participants. However, from these foundations Grounded Theory developed as a diverse challenge to positivist conceptions of the scientific method, a methodology that stressed objectivity, generalizability and universality, the possibility of causal relationships and a neutral and passive observation (Charmaz, 2006). Grounded theory emerged as an epistemological alternative as it (Charmaz, 2006), allows a researcher to see data in new ways which enables an exploration of ideas in the early stages of analytic writing. Grounded Theory also serves to direct and manage the process of data collection, as well as providing a framework for the analysis of the data.

However, Grounded Theory is not a method in itself but a process for collecting and analysing data; Glasser and Strauss advocated a Grounded Theory that came from two different perspectives. Glasser procured a systematic approach which attempted to codify the method in line with traditional qualitative techniques, whereas while Strauss saw the significance of process and agency, structure and action. This disagreement in approaches took Grounded Theory in different directions in the following years with each person blaming the other for not sticking to the key founding principles (Charmaz, 2006).

There have been numerous commentators who worked alongside one or both founders, who have continued to develop and use a Grounded Theory approach. This however has led to a diversity of interpretations. Kathy Charmaz is one author who has significantly developed Grounded Theory and her approach is adopted in this dissertation. Charmaz's (2006) approach is that Grounded Theory should be seen as a set of principles and tools that can be used to suit a variety of research questions, with a focus on appreciating the process, and stressing the importance of action and the role of constructivism in understanding society for the people who are being studied (Charmaz,

2006).

Charmaz's (2006) approach to Grounded Theory was embraced in this study due to the understudied nature of the topic, in order to help to collect rich data, due to the flexibility of data collection methods permissible, and the requirement to enter the participants' world and to give importance to the process rather than report what happened in their lives. By using Charmaz's (2006) Grounded Theory approach was employed in this study as it assisted in exploring the life course of a person, their involvement in crime and addiction, their experience of poverty and the challenges they face trying to desist from this life; it also gave a better understanding on what works and what does not work in the desistence process. Grounded Theory does this as it helps us to learn how our research participants make sense of their lives, which enable us to develop an analytic understanding of their meaning and actions (Charmaz, 2006).

4.3. Life Story Criminology

In the study of criminology, life histories has have a long renowned tradition when it comes to studying individuals careers in crime (Sampson and Laub, 1993). Classics in Criminology such as The Jack Roller by Clifford Shaw (1930) and The Professional Theft by Edwin Sutherland (1937) have as Sampson and Laub, 1993:204) pointed out "the power of life-history data to illuminate the complex processes of criminal offending". Sampson and Laub (1993: 6) argue that Criminology has traditionally "concentrated on the teenage years…and neglected the theoretical significance of childhood characteristics and the link between early childhood behaviours and later adult outcomes". Life course Criminology links childhood and adulthood theory into the criminological picture (Gluecks, et al 1937). Sampson and Laub look at criminal behaviour from the start as what is known as the criminal career. What the life course does is look at the entire life span, and examines the different factors that explain the onset, persistence, and desistance of criminal involvement over the individual's life. While looking at these theories, Sampson and Laub adopted the theoretical tools of the life course perspective and principals of social bond theory. Life course refers to the age graded arrangement of culturally defined roles and social transitions (Caspi, Elder, and Herbener 1990).

All of us have a life story or narrative, this life story is very important because it tells us and other people who we are, what kind of life we have and how we got to where we are The life course method was influential in the methods chosen in this project because of the narrative underpinnings of the approach but also because of the relevance of the entire life course in any understanding of an individual's experience of change. Taking a life-course approach enabled this project to look at the

life experiences of the participants and document relationships with parents and siblings (social bonds or attachment), educational experiences, peer relationship, first contact with the criminal justice system, employment record, unemployment, local community, subcultures, drug use, and difficulties encountered in desisting from crime or recovering from addiction. This approach focused not on the description or recall of the individual's life experiences, but on the processes, the interactivities, the interpersonal relationships and the developmental context to their life events.

According to Thomas and Znaniecki (1958) life history method creates the "perfect" type of sociological material; however, it is very useful in both the sociology of masculinities (Connell, 1995) and Criminology (Sampson and Laub, 1993). The importance of life histories is that it looks at the life experience of the individual who is being studied as it documents personal gendered experiences and alterations over the life course of the individual. According to Connell

"*The project that is documented in a life-history story is itself the relation between the social conditions that determine practice and the future social world that practice brings into being. That is to say, life-history method always concerns the making of social life through time. It is literally history*" (Connell, 1995: 89).

The use of a life history approach where developmental stages are recognised as interrelated and this is captured in interaction with the participants via interview and group work it the perfect companion to a Grounded Theory analysis. This data generated in such an approach is rich, unstructured, chronologically ambiguous and novel and allows for theory to emerge from the analysis while ensuring this theory is grounded in the data.

4.4. Researcher Involvement

This research project was inspired by my experience with and interest in the life-histories of men who have come into contact with the criminal justice system in the Cork area. I am currently employed as an out-reach worker in a community organisation in Cork City. The organisation is funded predominantly by both the Irish Probation Service, my role is funded through the HSE. My role involves supporting people in the Cork City area - the majority of whom would have had addiction issues in the community, need access to addiction treatment, are unemployment, have a low educational attainment and thus need one to one support. The majority of the people on the Outreach programme on which I work would have been recently released from prison, or clients of the Irish Probation Service. Occasionally, some of the clients would self-refer or be referred by another community organisation or treatment centre. Naturally given the ethical issues that would

arise, I did not engage with individuals who are or were clients of mine in my role as an outreach worker. However, I was aware that most participants knew of my role as an outreach worker, and that this may impact on their interaction with me during the data collection process. During the interview stage I was very aware of the trust the participants demonstrated towards me when they began telling their life-stories; I felt that they did not hold back when describing traumatic life experiences and sharing intimate information with me about their lives. The majority of the participants gave me very detailed accounts of the difficulties they faced growing up in poverty and within dysfunctional family homes. Some went into great detail about the abuse they suffered as children and how they felt and dealt with these devastating experiences.

I credit this trust and subsequent sharing to the experience I have gained in my working life as a support worker/outreach worker. As part of my role I listen to people on a daily basis telling me about their difficult life experiences, and how these experiences affect their everyday existence. I have been working in the community since 2007 either as a volunteer or paid worker and I also graduated as a qualified BSOC Youth and Community Worker thus I have extensive experience in this area. My education, employment and volunteer experience was a great asset for me while interviewing the participants and I feel this gave me an advantage in my effort to gather rich data; I feel the participants would not have been so open in other circumstances.

As well as having the advantage of being an experienced youth and community worker, I also had the added advantage of originating from the North-side of Cork City; this is the location from which the majority of the study participants are drawn. This insider status enabled me to relate to the struggles the men faced growing up in disadvantaged areas of Cork City but also gave be credibility with the participants as they knew I could empathise with their experiences. I felt this insider status gave the research validity (Coghlan, 2003; Rouney, 2005). Insider research describes a range of situations where the researcher has a common connection or involvement with the research setting. Insider research usually means that the researcher shares an identity, first-hand knowledge and language with the people they are researching (Asselin, 2003). Bonner and Tolhurst (2002) recognised three key advantages of being an insider researcher: (a) having a better understanding of the culture being studied; (b) not changing the flow of social communication unnaturally; and (c) having an reputable intimacy which encourages both the telling and the judging of truth. Further, insider- researchers generally know the politics of the society, not only the formal hierarchy but also how it “really works”. They know how to best approach people. In general, they have a great deal of knowledge, which takes an outsider a long time to acquire (Smyth & Holian, 2008). There can also be disadvantages of being an insider-researcher. For example, greater understanding can

lead to a loss of objectivity. Over familiarity can lead to making wrong assumptions about the research process which can be considered a bias (DeLyser, 2001; Hewitt-Taylor, 2002). Insider researchers do not have to worry about positioning themselves within the research environment and the people they are researching. Not like outsider researchers, inside researchers are not affected by the difficulties faced by the participants and are free from culture shock; they can blend into situations without troubling the social setting (Aguiler, 1981). In addition, they have a pre-existing awareness of the environment of the research (Bell, 2005). With respect to participants, insider researchers have the "ability to ask meaningful questions and read non-verbal cues," as well as the ability to "project a more truthful, authentic understanding of the culture under study" (Merriam, Johnson-Bailey, Lee, Kee, Ntseane, & Muhamad, 2001: 411). Chavez, (2008) agrees and states that insiders are able to "understand the cognitive, emotional, and/or psychological precepts of participants as well as possess a more profound knowledge of the historical and practical happenings of the field" (ibid: 481).

According to Aguiler (1981) interaction with participants and insider researchers is more natural and they are less likely to pass judgment or stereotype the participants in the research, as they are familiar with the people they are studding and the social setting, insider researchers know how to approach participants, and the participants are more inclined to talk to someone who understands them (Bell, 2005).

Gaining access to participants can also be easier for insider researchers compared to the outsider researcher, as they would have less contact with the social group. Easier access for insiders has been termed "expediency of access" (Chavez, 2008, p. 482). Acceptance is another benefit for the insider researcher is being accepted by the participants (Dwyer & Buckle, 2009). For the participants in this study it was encouraging for them to see someone from their community doing research at PhD level. One of the participants explained that he sees things in his community that gives him the power of example to move on in his life. I then asked

"Where would you get the power of example from"? (Graham)

"*I get it from you*", (P10). (meaning that he looked up to my educational and employment achievements)

I was also able to use words which were distinctive in working class areas of the city, and also ask questions about issues they have not featured in academic publications on the issue of

desistance/addiction. This insider knowledge was a key part of the data collection process (Nixon, 2008), because in this case, it led to the creation of new knowledge. Insider knowledge gained from growing up on the North-side of Cork city gave the participants the sense that I knew what I was talking about and that we had a common connection from a time gone by; this made the participants open up more in their interviews. According to Costerly (2010:33)

"your insights as an insider are valuable because of your depth of knowledge, but you should also demonstrate that you understand alternative perspectives"

The need to demonstrate alternative perspectives was essential to the process of data collection. Importantly, for this study I choose to conduct the research interviews on the campus of University College Cork. In disadvantaged areas of Cork city there is a high rate of early school leaving, and a very low number of residents from these area attend University. Having left school myself at the age of 13, I know how it feels for some to think that university is for others and not for people from working class areas of the city. I said to one participant.

We are in UCC building at the moment, have you ever thought you would come to a place like this? (Graham)

"*Never did, I came in here today and I thought I would never see my head in the door. People talking about college, I would put up my eyes and say go fuck ye, ye are yuppies*". (P36)

I can remember my first two years in my undergraduate degree thinking someone must have made a mistake by letting me in to University. I made a decision at the start of my research to interview people on the Campus of University College Cork. The reason for this is that I wanted to walk people in the doors and show them that if this was something they wanted to do in their life that it was possible, that they too belonged in a University. A major achievement from bringing the participants to UCC to conduced the research was, when one of the interviewees asked me how I ended up in college and I explained to him that I left school at a young age and returned at the age of 29 and started a level 5 in the Adult Continuing education in UCC, and ultimately progressed to doing a PhD. This participant explained that he always wanted to go back to education, but having left school early and also being dyslexic, he felt that he would not be able to go to college. I explained to him that I was also dyslexic, and though it can be tough, it can be done. On the same day we went and got an application for him to start a level 5 for the following September. At present this participant is now at level 6 and hoping to start an undergraduate degree next

September. I am so glad that I made the decision to do my interviews in UCC as it has empowered this individual to start his own journey in education.

However, the literature also points out that insider research can also have a negative consequence for a study. Insider research can be accused of being biased, as the researcher is considered to be too close to the culture that is being studied. (Merriam et al., 2001). Researcher bias can be where the researcher's personal beliefs, experiences, and values impact the study methodology, design, and/or results. During my research I was very aware of the possibilities of being biased during the study. This awareness helped keep an open mind throughout the research and by being on guard not to project my own views onto participants, or the data analysis. To counter balance this I did not go into each interview with a list of questions but instead asked each participant an open question, 'Could you start by telling me what life was like growing up for you?' With this approach I avoided directing the progress of the interview. Any questions asked after this was led in the direction of the participant's life narrative. However, it is not just inside research that has to be aware of biases, outside researchers may also have hold preconceived and possibly even incorrect views of the social group they are researching.

Importantly, with any qualitative analysis, including Grounded Theory it is recognised that researchers are not unbiased or neutral observers. As a result it is important that the author ensures that the research reflects the data and reflects rather that manufactures the phenomenon it describes (Hammersley, 1992; Emmerson, Fretz and Shaw, 1995). Therefore given the subjectivity that is inherent in all research and given the intensive involvement of the researcher in Grounded Theory analysis it is vital that the input of the researcher must be continuously examined, questioned and critiqued (Charmaz, 2006)

Introspection and awareness of bias are key processes of concern for researchers using Grounded Theory, but there are a number of additional measures recommended that improve the validity of qualitative research (Moses and Knutsen, 2007). Triangulation, respondent validation, reflexivity, attention to negative cases, fair dealing (inclusion of a wide range of perspectives), clear accounts of the process of data collection and generalisability (relevance) (Moses and Knutsen, 2007) are all important for achieving validity.

In this project a number streams of data informed the analysis: personal experience, professional experience, individual interviews, group work and personal diary keeping were all relevant. Efforts at triangulation involved seeking multiple data sources but all with the aim of achieving saturation.

Furthermore, the data collected during this study was shared with other researchers in the area for the purpose of receiving feedback on the analysis. Early drafts of this project were presented at a number of academic conferences with the aim of encouraging discussion around the emerging thematic categories. This served to assist the author in positioning the research in the broader academic field, but also acted as a review of the interpretation of the data

4.5. Access and methods of recruitment

To gain access to the participants who were part of this study, I initially had to secure ethical permission from University College Cork and later sought ethics permission from the Irish Probation Service. It was necessary to engage with the Probation Service because a number of the groups I wished to access were funded or run by the Probation Service. Once ethics permission and access permission was received from relevant agencies and institutions, I made contact with community organisations within Cork city who worked with men who had experience within the criminal justice system. I asked these organisations to distribute an information sheet to their clients; this sheet outlined the nature of the research, (see appendix A) and provided my contact details for any of the men who were interested in taking part of the research. I contacted the following groups in my initial attempts to secured participants for this study;

- The Cork Learning Support Service, who provide a range of educational programmes,
- The Cork Alliance Centre, who work with people released from prison and living in the Cork area
- The Cork Local Drug Task Force who meet the needs of individuals with substance abuse issues.

The staff at these organisations were used as gatekeepers for individuals whom the research topic was associated with (Hammersley & Atkinson, 1995).Once I carried out my initial interviews I used snowball sampling (Creswell, 2013) whereby participants whom I accessed from the above organisations recommended friends, family and acquaintances who might be interested in taking part. When a recommendation was made, I asked the participants to give my contact details to their friend/family member thus allowing them to choose to contact me directly or not.

> "*Snowball sampling is a form of convenience sample. With this approach to sampling, the researcher makes initial contact with a small group of people who are relevant to the research topic and then uses these to establish contacts with others*" (Bryman, 2008:184).

It was quite difficult to access the number of participant needed to reach saturation in this research topic. I was also mindful that a lot of the individuals accessing these services could be quite vulnerable, and myself and the services that they use for support did not want to create or cause any more harm in their lives. Therefore when I interviewed people who were in a great (e.g. in recovery) place in their lives I asked them could they direct me to others who were in a good place in their lives who have also went through similar life experiences as themselves.

As I mentioned earlier, an important part of this research was the location of the interviews, but in parallel with this, I was concerned with both doing no harm during this process but most importantly adding some benefit to the lives of the participants according to Etherington (2009) life narrative research can be very beneficial as it can have an therapeutic value by looking at the lives of the participants which can support them to face 'out into the world, without unduly or specifically delving into, or focusing on their emotional state. From my own life experience, having access to education as a mature student was very significant in terms of my life direction. Having known that the participants in this study were highly likely to never have visited UCC, nor even know anyone who attended the institution, I wanted to take the opportunity to bring them to the University and to expose them to the experience of being in that environment. I was cognisant to balance the quite difficult experience of recounting their life experiences with a new and more positive experience of the potential for engaging in education and their inclusion in a university community they might have previously been (perceived) excluded from. It was hoped that their overall experience of engaging in this study was positive, and also had the impact of opening up their thoughts about education in the University to the men.

4.6. Ethical Issues

While conducting any research, researchers can face some component of ethical problem; this is part and parcel of collecting data. While ethical issues are ever-present, it is the researchers duty to represent the findings truly and honestly but also narrate to the wider concerns of generalising findings and reflecting the implications of the findings in the literature (Orb, Eisenhauer and Wynaden, 2000).

A key issue in conducting research is that no person should be harmed in the process of being researched, this entails that styles of research should not cause physical or psychological damage to subject or, disadvantage individuals in comparison with others (Jupp, et al 2000). As my research was of a sensitive nature, I did not want the participant to have any repercussions due to taking part in this research. Just in case of any stress or anxiety was caused in the process of conducting this

research I planned to stop the interview and to make sure the person was ok. If the participant continued to be distressed I would have immediately called an end to the interview. I would have then suggested to them to contact their Doctor, or contact their support worker. I also provided an information sheet with phone numbers of support organisation. Ultimately, no issues like this arose and the interviews went very well.

It was important to ensure the protection of the participants in this research. One ethical value which is often stated in conducting social research is that of informed consent. This refers to the participant being informed of the impact of their participation in the research. I followed the recommended procedure laid out by UCC regarding, anonymity, informed consent and best practice to minimise any negative impact of the interview process. Consent for the semi structured interviews was dealt with by having the participant signing a consent form (SEE Appendix B). Before consent was agreed, the participants in this study were handed an information sheet (see appendix A), this sheet informed the participants about the nature of the study and the title and aims of the research project. I asked them were they happy to be involved in the PhD research and that their data would be used for the purpose of this PhD research and maybe published in a journal and would be stored independent to any identifying personal information (name, location etc). In addition I explained how I would ensure that no clues to the identity of any participants appeared in the transcripts. Due to the nature of my employment, as mentioned, I did not interview any participants whom I have worked with in the past or presently work with as a support worker. I used open ended questions and allow the interviewee to direct the narration of their own life story and all extracts from the interviews transcripts used in this dissertation were entirely anonymised.

The data (voice recordings) from this project were used to transcribe the interviews and then the audio files were deleted. The transcriptions were saved to a word document and stored in line with the data protection requirements of University College Cork (stored in password protected files in one drive). Prior to being stored the data was anonymised. The data will be stored for 10 years (as per UCC regulations) at which point it will be deleted by the researcher. This process was explained to the participants in the debrief process.

4.7. Method

This section provides an overview of the methods of data collection employed, the materials used, the participant sample and the type of analysis conducted. There were 40 participants interviewed for this study. All participants were male and between 21 and 49 years old. 35 individuals were interviewed individually while five were interviewed as part of a focus group. 31 of the participants

came from the Northside of the Cork city, and 8 came from the Southside of the city. One of the participants grew up in Limerick.

There were a number of participant's interviews which were not used in the findings. Participant one and seven were excluded because of the legitimacy of their interview. Participants 11 and 22 were excluded because they grew up in a middle class area of the city, and I felt that the life experience and culture were different to the majority of the participants. What was very interesting with these two interviews was their stereotypical views of people from the Northside of the city. And finally participant 35, which I did not add to the findings because he grow up in Limerick.

4.8. Saturation and sampling

According to Charmaz (2006) you stop gathering data, when your categories are 'saturated', when fresh data is no longer being said by the participants, which prevents you from gathering new theoretical insights, or discloses any new properties of your core theoretical categories (Charmaz, 2006). This was a guiding principle in this study and so the sample sized was dictated by the point at which saturation was reached.

4.9. Materials

Recording device Digi-phone

Analysis software: Nvivo 11 and 12 Institutional License University College Cork

4.10. Study locations

All interview locations were in Cork City Focus Group

- Cork City Learning Support Service Individual interviews were in
- University College Cork
- Private Home

4.11. Data Handling

As stated earlier, the interviews were recorded and these audio files were used to transcribe the interviews. The interviews were saved to a word document (and anonymised) and these files were uploaded to NVIVO (11 and 12) for analysis purposes. Each participant's data and was entered into Nvivo as an individual document.

4.12. Grounded Theory Analysis

The data analysis began after the first interview was completed and transcribed. I carried out the transcriptions personally as the transcription process allowed me to become intimately familiar with the data. Line by line coding (by hand) was carried out initially and the data was then entered into the Nvivo software and the line by line codes were entered into Nvivo 'nodes'. This analysis was carried out at the same time as on-going data collection. Each interview was transcribed immediately after being conducted and line by line coding was conducted by hand. Then the data was entered into Nvivo. When the forty in-depth semi structured interviews were transcribed, the initial coding was completed and entered into Nvivo – the next level of coding commenced. The line by line coding involved categorising, summarising and examining for each piece of data, it also involved continuous inter and intra interview assessment (Charmaz, 2006). The Nvivo software was very important in sorting out the large amount of data which helped to organise the codes and identify emerging higher order themes and the repetition of line by line codes (Bazeley, 2008). The Nvivo programme did not interfere with the methodology process, but improved my ability to attend to the detail of the coding. It also permitted the formation of a more controllable data set where codes and memos were directly connected to the raw data and given the capacity of the software to search the raw data, codes and memos (Bazeley, 2008).

Once the line by line coding was complete, (2461 codes) I then analysed the data by putting them into higher order themes. This process is called axial coding and relates categories to subcategories. According to (Strauss 1987: 64) axial coding is building "a dense texture of relationships around the axis of a category". Furthermore, axial coding follows the progress of the important categories. Even though it may be at the early states in the development, the primary goal of axial coding is to categorise, produce, and arrange large amounts of data and reunite them in new ways after open coding (Creswell, 1998). From the 2461 initial codes that emerged from the line by line coding, the axial coding let to 249 sets. Through further contrasting and comparison and coding I narrowed these sets down to 141. Once this iterative process was complete I came up with 27 interrelated final higher order themes. These themes are presented in the results/discussion section of this dissertation and the analysis is also informed by the memos which were written in parallel with the coding process. (Charmaz, 2006).

The memo writing process is important because (Charmaz 2006) it forces you to engage in with each code and category as it emerges, and allows you to get a better understanding of what the data is trying to explain. It helps to explore and discover your ideas about what you have seen, heard, sensed and coded and assists in allowing these ideas to emerge while still linked to the data.

4.13. Conclusion

This chapter has outlined the reason for the methodology that was selected and the methods embark on for the men in the study. The methodology used helped me to get a good understanding of the life experiences of working class males in this study, who have come into contact with the criminal justice system in the past; and in most have spent time in prison. These individuals have all grown up in the Cork city, the majority of those were from the North-side of the city. The methodology here showed us how I gained an understanding of these men's experiences; I also collected data using a semi structured interview, where 40 participants were involved in this study. Using a modified Grounded Theory approach (Charmaz, 2006) the data was analysed according to the core principles of this approach (line by line coding, saturation, etc), and the themes that emerged from the data informed the conclusions drawn in this dissertation. This chapter outlines the foundation for this methodology, describes the ethical issues and interviewer issues, and steps with I took too such as researchers involvement that were encountered and describes the process of data collection and analysis carried out

5. Results/Discussion - Early Childhood ExperiencesIntroduction

The results are presented in this chapter are based on the ground theory analysis conducted on the data collected from the 40 participants. This results/discussion chapter is structured into three sections based on the themes that were emergent from the data. The organization of the themes is based chronologically: 1) Early Childhood Experiences, 2) Adult lifestyle, offending and addiction and finally 3) Recovery. However this structuring reflects the framing of the experiences as told by the participants. This framing, as it emerged via memoing during the coding process, serves to connect the higher order themes to each other, and reconstruct the lifespan as portrayed thematically by the participants.

Early Child hood experiences
1. Poverty; deprivation, hunger and neglect
2. Risk taking behaviour, boredom and rites of passage.
3. Interpersonal violence, trauma and parental neglect
4. Social learning: role models and social influence
5. Intergenerational issues: addiction, neglect and parenting
6. Education, stigma, and problem behaviour.
7. Cultural priorities: barriers to education and employment
Lifestyle offending and addiction
8. Social identity; Self-preservation and masculinity
9. Vulnerability: fear, respect violence and self-preservation
10. Altered states, socialization into violence and substance abuse
11. Addiction as a antecedent to offending.
12. Doing masculinity.
13. Loss of control; descent into addiction
14. Loss of control; addiction, crime and problem behaviours
15. Loss of control; denial, isolation, and a shattered identity
16. Prison, identity shifts and self-reflection.
Recovery
17. Broken, stripped of a sense of self and facing death; reaching rock bottom
18. Death or recovery
19. Cycles of relapse.
20. Recovery and prison
21. Maintaining recovery, the reality of social influence and social bonds.
22. All or nothing; leading the good life
23. Social bonds, the role of peer success in motivating desistance and recovery
24. Identity survival and starting anew.
25. Recovery, identity shift and the public self
26. Maturity and the journey through recovery
27. Ideals of Masculinity
28. Support, social networks and new connections.
29. A new self-perception, a new identity and talking it out
30. A new life
31. Post recovery

Figure 1 - Summary of higher order themes

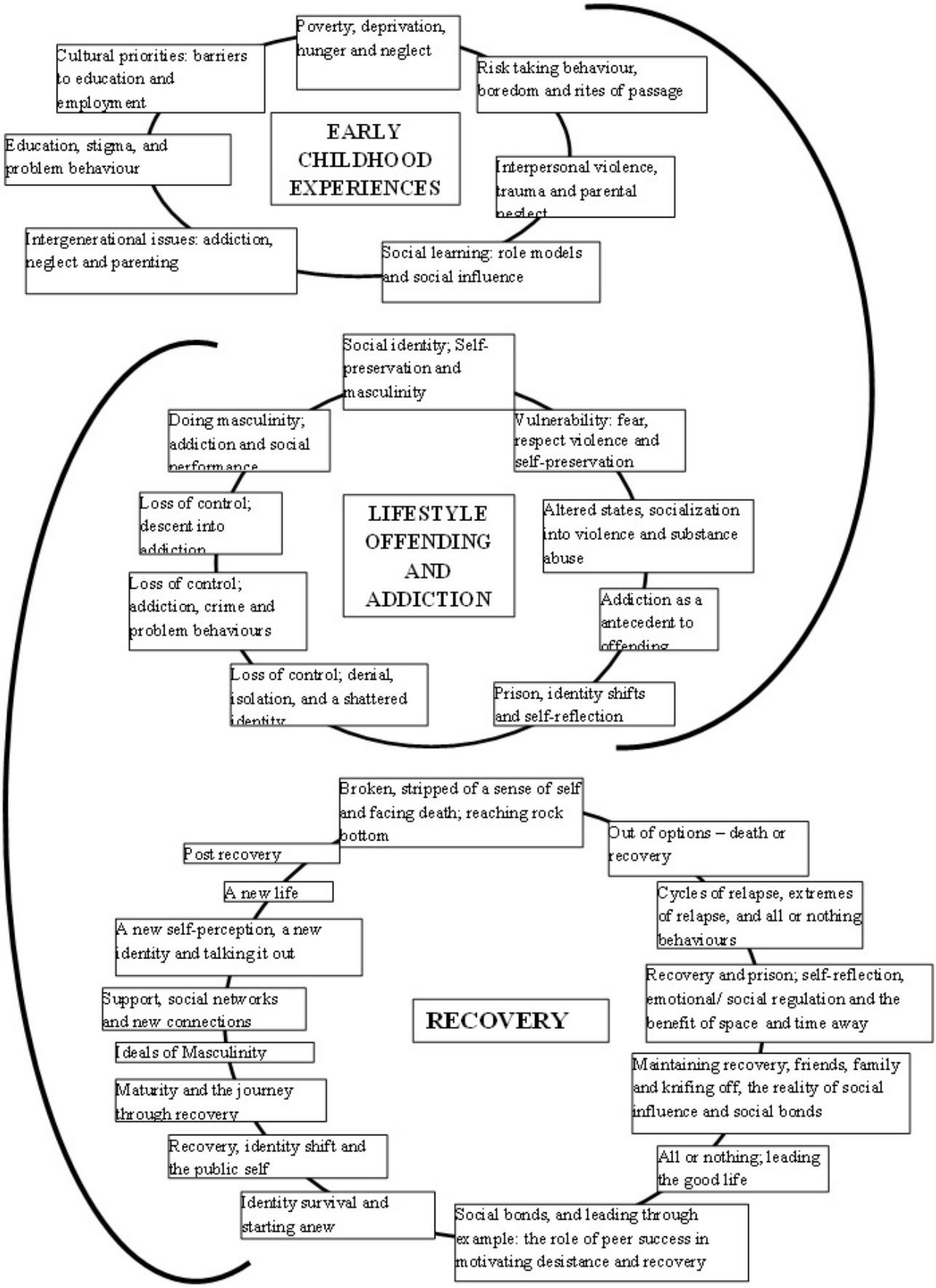


Figure 2 Diagrammatic summary of results

This section presents the themes that emerged from the interview data as it relates to early childhood, developmental issues, parenting and early education. It give us an insight into how the participants reconstruct their experience of early childhood and importantly how they reconstruct this experience and attribute *motive* to their behaviours in light of their later engagement in crime and substance abuse. The participants, over the duration of the interviews reconstruct their developmental trajectory to account for their adult behaviours by reference to their childhood experiences; a key part of this process is a reliance of the role of a negative *context* on their behaviour and the role this context had in shaping their life's trajectory. The themes that emerge in this section that are overarching across the data include the need for a supportive person in the children's lives and the need for support external to the family (e.g. a teacher). Also the issue of shame and stigma in relation to the poverty and neglect that these men experienced as children was a dominant theme, and the men reflect on this experience of being publicly shamed as foundational in their poor educational experience and withdrawal from mainstream community engagement. These themes align with the approach of narrative identity theory (Presser, 2009) in Criminological research (see for example Maruna, 2001) where individuals incorporate their life stories or life-experiences into a coherent narrative that serves a purpose. In this case the early experiences of the participants are portrayed as redemptive suffering and the negative childhood experiences are given a purpose in that they *explain* the problem behaviours that emerge later in life.

This section begins by looking at the challenges and struggles as recalled by the participants while growing up in disadvantaged areas of Cork City; issues of extreme poverty, trauma and neglect were omnipresent in the interview accounts.

5.2. Poverty; deprivation, hunger and neglect.

A theme that dominated the analysis of the interviews in this project was poverty; participants didn't always acknowledge their experience in those terms but they referenced the lack of food, warmth, support and other resources.

"*I dread going home every day. The cupboards would be empty…*" (P31)

Importantly for the participants in this study, their experience in school was hampered by their sense of shame given their experience of this poverty; this shame was particularly an issue in the school setting. Being identified as *poor* by their classmates was what let to this sense of shame and the participants link this experience to their disengagement from education later on. Importantly, while the participants described the stigmatisation and shaming they experienced in

the school setting, the school environment was also the place where they hoped that they might be noticed by the teachers and that more importantly that their hunger might be noticed.

> "*No lunch, you would be in school starving hoping someone would give you something. Or the teacher noticed you had nothing and that you get something off the teacher*". (P31)

Food poverty had very real consequences for the individuals in this study. One participant recalls how this experience of hunger at a young age was the stimulus that provoked him into stealing from others in his school.

> "*I would have robbed for food at 7. I would have started taking the lads lunches. In school we would get a bun and a bottle of milk. I would sneak out in the yard and take a few extra buns and eat them, just to have some food*". (P31)

Other forms of deprivation were also cited as reasons for engaging in crime. The participants spoke of not receiving gifts at Christmas and their parents not being able to afford toys. This *relative* deprivation (in conjunction with the food poverty mentioned above) was also described as a stimulus to steal in order to have what other children in their school and neighbourhood had.

> "*we never got toys, even at Christmas we never got toys*". (P31)
>
> "*you would be looking at your friends out playing with their toys and you have nothing, your parents were not going to buy them for you, so what are you going to do, go out and knick the thing*." (P31)

Their sense of deprivation, in comparison to other children in their class and community led them to steal toys; as the participants tell their story in this setting, the interpreted *stealing* as the only legitimate way in which they could have access to the things the kids around them were given. They spoke of a lack of fairness as being a key factor in provoking their behaviour and inequality was the stimulus for engaging in theft. The participants spoke of stealing from kids who had the toys they wanted.

> "*We would have took what we had not got, what we could not have*". (P39)

Throughout the interviews, participants, in the vast majority of cases, constructed their childhood experiences as being negative, marked by neglect, poverty, deprivation, shame and stigma. The context to their youth was very seamlessly linked to their adult behaviours and their trace their offending behaviours directly to this poverty and deprivation. This *narrative* serves the purpose of

situating the locus of control for problem behaviours *external* to the individual and also allows for redemption later on given that *blame* did not reside in the moral character of the individual, but in the situation the individual found themselves in (Maruna, 2001).

5.3. Risk taking behaviour, boredom and rites of passage

In addition to stealing food and toys that their parents could not afford, the participants in this study recall engaging in more serious crime, specifically, joyriding – or stealing cars and driving at high speeds around the city. The participants describe the process of engaging in *increasingly* more *serious* behaviour and again link the progressive nature of their offending to their early experience. In the case of joyriding, the interviewees describe how they chose to engage in this activity due to the context to their adolescence – no resources, nowhere to go, lack of engagement in education, and a lack of adult supervision. Importantly, a recession in Ireland in the 1980's exacerbated the poverty experienced in already deprived areas of the country. This reality as it is constructed by the participants in this study again serves a very particular purpose in terms of accounting for the shift from offender to desister later in life. To allow the re-conceptualization of the self, past events are reinterpreted to suit future aspirations, and in this case a key aspiration is to point to the impact of the context on early formative behaviour and again to place the locus of control external to the individual (Maruna, 2001). Vaughan (2007) is critical of this approach mainly due to the fact that it minimises the role of the individual and personal agency in achieving desistance but also in choosing to engage in crime, risk taking behaviour. However, the context cannot be ignored.

Joyriding became very popular on Cork North-side in working class communities throughout the 1980s and 90s. The participants in this study recall that they started engaging in joyriding at a young age. This involved stealing cars/motorbikes and driving them at high speeds around urban areas, usually ending in crashing or at least severely damaging the vehicle.

> *"not until I got to 11, I started to rob bikes" (P31)*

This activity was related more broadly to other antisocial behaviour and became commonplace for a period beginning alongside the recession in the early 80s which as mentioned severely affected people in local authority housing estates. Joyriding became a blight on the everyday lives of the residents in these estates. Joyriding became a very common occurrence in working class communities across the island of Ireland (McCullough et al, 1990); and regardless of the location, many similarities are apparent in terms of the socio-economic background of joy-

riders across jurisdictions. McVerry (2003) highlighted the shared background of joy-riders as being individuals from 'identifiable, deprived housing estates, with inadequate facilities and services'. He noted that joy-riding is a risk-laden activity, and yet it confers no material gain, and many joy-riders seem indifferent to the consequences of their actions, both in terms of potential prison sentences but also of the danger to themselves and others. He argues

> '*these are young people who live for the present because they see no future…Those involved in joy-riding feel that they, and their communities, have been abandoned*' (McVerry 2003:86).

Understanding why the young people in this study engaged in joyriding is complex, but some commentators point to the effects of alienation, poverty and social exclusion and see extreme behaviour as an outlet to relieve the boredom and as a means of counteracting the mundane of everyday life (Griffin and Kelleher, 2010). This is also what emerges in the interviews in this study. The participants recall in the first instance their *desensitization* to involvement in offending and the progress nature of their involvement in crime. They then go on to describe *why* they were willing to participate in joyriding, despite the consequences.

> "*You would get bored, so you rob cars and bikes…You could be robbing horses or anything*". (P6)

However, the participants in this study point to the parental neglect as providing the opportunity to engage in anti-social behaviour due to lack of supervision, but also the absence of options for young people to meaningful engage in their community. The young people in this study described their early psychological disengagement from school and subsequent physical disengagement and then their only options were to fend for themselves on the street with likeminded peers. This concurs with Hirschi's (1969) social control theory who argues that delinquents fail to form or maintain a bond to society and that this lack of civic integration is an important aspect in maintaining delinquent behaviour. He states that the family environment is the foundation of attachment as parents act as role models and teach their children behaviours that are acceptable. In addition, apart from their delinquency, the retelling of their childhood demonstrated the presence of multiple adverse experiences (ACE).

> "*There was no one looking after us, we were breaking windows, taking chases, I can remember there was no park in the area, we were just running around gallivanting*" (P 20)

Others spoke of the thrill of 'getting into trouble'. For them risk-taking behaviour led to a sense

of control and a sense of self-realization where normally they felt powerless in their everyday lives.

> "*I thrived on that, I could not walk out the door without trouble, I had to have it*". (P21)

Apart from the excitement of engaging in risky behaviour and the sense of power that came with that, the participants in this study pointed out that stealing cars was a common occurrence in their neighbourhoods and amongst their peer group, this was seen as normal.

> *"I bumped into a few fellows, they all had screw drivers they were going robbing cars, it was a normal thing to do on a Wednesday night in Knocknaheeny*". (P 15)

The individuals in this study, when asked why they chose to steal cars and go joyriding, all pointed to the social conditions they found themselves in during the 1990's on the Northside of Cork. They recognised the role of poverty, social exclusion and lack of opportunity as formative in their teenage years and highlighted how risk-taking behaviour became a means of escaping the social limitations placed on them, but also as a means of solidifying an identity for themselves. This identity formation mirrors the position of Winlow, (2001), who argues that lower class males follow norms such as toughness, smartness, excitement and autonomy which originates out of the exclusion they experienced. When other options are shut off, crime and delinquency can be seen as a way for these men to create a relevant identity, an oppositional, anti-social identity that is prioritized as a means of 'doing' masculinity (Messerschmidt, 1993).

> P20 "*We never had nothing or no one or a chance at life and stuff, growing up in the 90s in Knocknaheeny was hard. We had Strawberry Hill youth club all right, but they would only leave certain people in*". (P20)
>
> "*Oh yah, sure they were the shit like. When they joyride on Kilmore Road...it was like something you would see on TV…… They [joyriders] were really looked up to*". (P20)

5.4. Social learning: role models and social influence

Another theme that emerged quite strongly in the analysis was that of peer influence and the importance of role models. Role models were identified as people who were looked up to in their community. Most of these role models were caught up in alcohol, drugs, crime and violence, but regardless, the lifestyle of the role models was so attractive to the participants that they started to imitate their behaviours. The young people describe how they prioritized the risk taking behaviours they witnessed amongst their peers and attempted to mirror these behaviours in order to ensure both

acceptance within the community but also to demonstrate their own tough man image.

Importantly, peer imitation is a behaviour we would expect to see amongst all adolescents, not just those who engage in criminal activity. And of course seeking to oppose and violate the norms of society (to varying degrees) is a developmental part of the teenage trajectory. All individuals in society have their closest relationship with individuals from their peer groups so naturally peer friendships have a great influence on the behaviour and social identity of their members. Importantly, peer group interactions are seen as the most influential experiences in terms of identity, and learned behaviour (Sutherland 1949, Allen, 2003, Nsofor, 2013). The obvious implication of this is that young people who associate with individuals who adopt norms that violate what is generally seen as acceptable behaviour will learn and internalize these criminal norms in the same way other youths will internalise other norms. For the youth in this study, it appears that their isolation from mainstream peer relationships, their neglect by parents and their total lack of supervision by any other adults would it seems enhance the influence of the deviant peer group and accelerate the adoption of anti-social norms and an identity based on oppositional and defiance behaviours (Esiri, et al 2016)

> *"he was my idol growing up. He was a womanizer a heavy alcoholer, just tough man…I made him a bigger person than he really was as a young fella. He was someone I aspired to be". (P30)*

Apart from the developmental process and the influence of peers on self and social identity, it is important that we understanding the dynamics that play out between younger and older people in deprived housing estates. Cloward and Ohlin (1960) state that criminal sub-cultures are nurtured in deprived neighbourhoods, as role models are more visible there in the form of older offenders. Given the trans-generational poverty, unemployment, substance abuse and criminality experienced in these areas, the density of role models who have engaged in crime, substance abuse and been in prison increases the likelihood that norms associated with these behaviours would be prominent amongst young people growing up in the area.

> *"For role models and stuff, my role models were the fellas getting out of jail, they would have money from drug dealing" (P31)*

> *"they had the nice clothes, they had nice cars, the jewellery, there were no other role models there… it was inevitable to go like that". (P19)*

The lads in the community who they looked up to were spending the money from crime on drugs and alcohol. This was very attractive to the participants in this study as these individual were well liked given that they would spend their money on others. This gave these individuals an identity and a powerful status within their community.

> *"every weekend he would be after doing a stroke, (robbery) and we see him on a Sunday and he would be after getting a couple of grand, bring everyone on for the day" (P24)*

When the participants started to imitate what the older kids were doing, this helped them to see themselves as one of the lads, they saw themselves as fitting in and as being part of the group; the young people prioritized this in-group identity and actively sought inclusion through imitation. Tomsen (2008) describes this identity process as 'protest masculinity' and describes it as a gender identity that is characteristic of men in marginal social locations seeking a masculine claim on power due to the fact that other options are denied by poverty and social exclusion.

> *"It made me feel like I was a mad thing". (P2)*

The participants were willing to get involved in criminal activity, just to make a name for themselves within their community. The problem with this was that the older peers in the area took advantage of the younger generation's eagerness to be seen as a 'hard man'. While not all of the participant's families were involved in deviant behaviour, but for others they learned these behaviours and adopted the identity by following the older lads in their community. So when an older person asked a younger person to hold onto drugs for them, the younger person was only too happy to do so; this gave them credibility, a sense of belonging and a purpose.

> *"they used to do it to everyone. If you went down there today it would still be happened, kids running around with hand full of Es". (P34)*

Once involved in criminal activity the participants in the study learnt their trade by following the older peers who at the same time were taking advantage of their eagerness to be part of the gang. This social learning was described by Sutherland (1947) and called Differential Association Theory very simply the theory basically points out that behaviour is learned through association with other people. These connections provide a forum for acquiring techniques as well as motives, drives, rationalizations and attitudes, which in this case facilitate crime. Differential association provides people with the knowledge, skills, and definitions that encourage them to interpret situations as

potential opportunities for offending

"There was a good group of us, about 12, two different age groups, there would have been the younger crowd, and they would be watching what we were doing and they were following suit". (P13)

5.5. Interpersonal violence, trauma and parental neglect

A majority of the participants talked about experiencing traumatic life experiences growing up in the family home. These traumatic life experiences included physical, emotional, and educational neglect and child maltreatment which began in early childhood years. Individuals with childhood histories of trauma abuse and neglect make up the majority of people in the criminal justice system, and individuals who have experienced physical abuse and neglect are linked to those with high rates of arrest for violent offenses Teplin, et al (2002).

Some of the participants in this study talked about traumatic events that happened in their family home. These events were in some cases violence towards themselves, while others instances were directed towards others.

> *"Horse whips, beatings. I was grounded then for weeks up in the room, listen to children outside playing. I would be pulling legs off fly's just to pass the day. I used to get fed up and run away again" (P36)*

> *"One time I spilt paint and she stabbed me, it was very violent". (P31) "My father would punch the head of my mother". (P33)*

For some in this study to help them deal with these issues at home, they started to experiment with alcohol and drugs in an effort to deal with the pain.

> *"I did not know how to cope with it, and the first time I drank I sniffed a bag of glue the same night, and I went back for it, then everything went out the window, school and everything". (P10)*

For some participants they explained how drugs and alcohol led to them becoming violent themselves. Childhood traumas such as abuse, neglect, poverty and witnessing violence are linked to the person becoming aggressive and committing criminal acts. These traumatic experiences are also linked to post-traumatic reactions, aggression, and antisocial behaviour (Dong et al., 2004); all

of which was evident in this study sample.

> *"I suppose a lot of anger came into me, when I started to drink and use I had a lot of hatred". (P10)*

One participant stated that when he stabbed a person, he felt like he was stabbing the person who abused him years previously, even though the victim of the stabbing had nothing to do with the abuse.

> *"it was not him I seen it was the abuser I seen, so I stabbed him with a bottle". (P20)*

Traumatic experience suffered by some participants in this research caused major problems for the victims of these events throughout their lives, increasing their likelihood of becoming a serious, violent offender. Having experienced trauma predicts that an individual will be more likely to offend and re-offend. The offending and re offending can lead to multiple prison sentences for the crimes they committed. These crimes are the effects of the wrong that has been done to them throughout their lives (Fox, Perez, Cass, Baglivio, & Epps, 2015).

5.6. Intergenerational issues: addiction, neglect and parenting

Not only are individuals who experience traumatic life experiences over represented in the criminal justice system, they also more likely to experience depression, various medical illnesses, as well as a diversity of rash and self-destructive behaviours, due to their traumatic experiences (Van der Kolt, 2005). Childhood trauma can have serious consequences for a person, which can stay with them into adulthood (ibid). Participants identified a number of social problems while growing up in their communities; these problems were mainly in the community and in the family home. Poverty, social exclusion, lack of education, trauma and addiction issues dominated experience by participants through the research. Consequences due to parent's addiction and mental health problems can lead to self-harm, drinking alcohol, mental health issues, isolation and excess alcohol and drug use (Cook et al, 2005).

Some would have identified that their parents would have had addiction problems which led to a lot of drinking alcohol and drug taking in the family home when they were growing up. This became normal and acceptable, and was very attractive to them when they were young.

"*but the drugs, I saw in my mother's house was acceptable, because they were all enjoying themselves taking Es partying. It looked fun*". (P19)

Because of their parent's addiction, this participant felt that his parents were not there for them.

"*I grow up in an alcoholic home, the parents were heavy drinkers, there was no one ever checking on me, it was a dysfunctional home*". (P27)

As another participant explains that his parents did not care what he got up to, they were busy doing their own thing such as drinking alcohol and fighting. According to Van der Kolk (2005: 2) "*children exposed to alcoholic parents or domestic violence rarely have secure childhoods; their symptomatology tends to be pervasive and multifaceted, and is likely to include depression, various medical illnesses, as well as a variety of impulsive and self-destructive behaviours*" .

"*There was no discipline back then, in my life there was not anyway. The truth be told my old man did not give a fuck what I done. He was out busy buying and selling horse, drinking 24 seven, fighting, that was his life, he grow up that way*". (P13)

Because some of the participants grow up in an alcoholic home, they would have witnessed a lot of violence. One participant talks about the fear he had at home because of the violence in the house.

"*there would have been an element of not feeling safe as a child. There were fights in the house; you would say nothing, hid under the bed. Like that I never said anything, when I come out to my mother's on Monday, never said anything. It was the same in my aunties and uncles house lots of alcohol, shouting fighting breaking the house up, abuse towards us, it was very hard growing up in that environment*". (P 19)

Traumatic experiences suffered by the participants not only made them more likely to become violent, experiment with alcohol and drugs, take risks which lead to multiple prison sentences, but also affected their mental health. Developmental trauma can cause negative responses to subsequent stress (Cicchetti,et al 1995) which can lead to dramatic increase in the use of hospitalisation, imprisonment, social and mental health services (Drossman, et al 1990).

One participant states that his parent's life style affected this mental health later on in life. Which lead to self-harm, drinking alcohol and isolation excess drinking alcohol.

"*All this only affected me later on in life…you are letting stuff stew up in your head for so long, and your only release is self-harm. Then self-harm does fuck all then you are*

drinking on top of the self-harm, I locked myself away for three years, away from everyone, family friend, I was a loner". (P13)

Traumatic experiences are very common amongst those who are involved in the criminal justice system. These traumatic experiences can have a negative impact on their future life chances. It can have profound effect on the individual's development and socialization, self-esteem, confidence and the ability to form relationships with others (Freyd et al 2005).

"*I find it very hard to have relationships with people, you can understand why, because of my early experiences with people. I find it very hard to accept friendships from people, nice comments*". (P31)

Some felt that there was no emotional support at home when growing up, that their parents did not care. Attachment theory shows that when a child experiences abuse, neglect or are rejected by a care giver, they can start to have feelings of insecurity and disorganised attachment patterns which can cause anxiety, avoidance, and even aggression (Troy and Sroufe, 1987).

"suppose rejection would have a lot to do with me I suppose, as a child my father did not love me, I taught my mother did not care". (P10)

5.7. Education, stigma, and problem behaviour.

As might have been expected, in this study education (or lack of it) was a significant part of the experience of the young men involved. Within the area from which the participants were drawn (Cork City) there are huge disparities in the uptake of education, the family culture around education and the related employment consequences. For example, in the Cork city area there is a high incidence of early school leaving, even for individuals who have only achieved primary school 6th class (age 12) level or lower (Kelly and Hayes, 2014). The areas that have the highest school leavers are Fair Hill, Farranferris and, Gurranabraher. For the participants in this study, education was not seen as something that could benefit their lives. The adults in their lives would have left school early and gained employment in manual labour where a higher education was not needed to secure employment or not found employment at all. For these reasons going to school and staying in school was not a priority, so the participants would rebel and get into trouble while in school (see Willis, 1977). The participants also felt a sense of shame and stigma directed towards them from their fellow class mates and teachers due to the poverty they were experiencing in their own family. This lead to the participants feeling not wanted in school which led to aggression and acting out behaviours, which in some cases lead to expulsion from school.

> "*No, I just done it for a time and then at the end of first year I was gone, Can't remember why I was kicked out. I did not find it interesting*". (P14)

In addition to the structural limits and boundaries to education for the participants in this study, they spoke of the irrelevance of education for their own personal circumstances. They reflected on how they couldn't see any benefits to staying in school. Some participants saw school as a barrier to starting in full time employment, and that their trajectory was pre- determined to exclude further education. Furthermore, the participants spoke of their ignorance of the relationship between education and employment and the potential for education to enable them choice and mobility in the job market.

> "*I remember thinking in school, when I am 18 I will just go and get a job. I taught that was the way life was*". (P24)

> "*I never saw education as way of making a few quid*". (P31)

Structural issues and cultural beliefs about education were not the only issues the participants in this study reflected on during the interviews. They spoke about interpersonal issues they had with the teachers and other students. The young men in this study recalled being treated badly and being stigmatized due to poverty within their own family. They spoke of the shame of having a dirty uniform and how they would be mocked about that, highlighting the neglect these children experienced at home.

> "*No, I did not want to be there, you would be going to school with a manky [dirty] uniform, you are getting the piss taking out of you left right and centre, teachers and pupils"*. (P13)

The participants then went on to link their aggressive or acting out behaviours directly to this sense of shame and the bullying they experienced at the hands of teachers and other pupils. This led to being excluded from the classroom and a strong sense of not belonging and not fitting in.

> "*So then you are going in there telling them to fuck off, telling them to mind their own business, fuck you I do not want to be here, then you were put up against the wall for the day, that's not school, teachers did not give a fuck about you back then*". (P13)

Once out of mainstream education, some of the participants went on to get a trade, while others went to FAS and Youthreach to do their junior cert and leaving cert. These education programmes were designed to target early school leavers so they could be supported to make the transition to work and adult life (Departments of Labour and Education 1989).

"*I went to secondary school, I got suspended a few times and got expelled in third year. I done my junior cert in FAS*". (P31)

"*so I left after 3rd year, my parents said if you leave after your junior cert you can get a trade, my brother left school in third year and became a carpenter*". (P 16)

5.8. Cultural priorities: barriers to education and employment

A number of participants in this research talked about employment. Mainly starting employment at a young age and losing it due to addiction issues or by the recession. As already mentioned the participants left school at a young age which can have consequences for employment. According to Fukuyama, (1992) education builds social capital, which can bind community cooperation and positive social experiences. According to the Organisation for Economic Co-operation and Development (OECD) people with similar levels of education usually live and work together and their environments tend to have low levels of crime and anti-social behaviour. They also state that in environments with low education attainment have high rates of crime and anti-social behaviour (OECD, 2009). Most of the people who were in employment in the area were working on building sites and factories. You would not need a higher education to get these jobs so some of the participants left school early to take up these jobs.

"*I started to go working in a factory at 14. I told them I was 16*". (P18)

Not all of the participants went straight into employment, some never had any employment throughout their lives. There are high rates of unemployment in Cork City, which is concentrated mainly on the North-side of the city (Kelly & Hayes 2014).

"Have you work previously"? (Graham)

"*Nothing worth talking about*". (P34)

"Was there every any jobs, opportunity's ambitions"? (Graham)

"*No, there was none*". (P34)

For a lot of the participants there was not much financial support from their parents as they did not have employment. For some the only income was the proceeds of crime.

"*My mam did not worked my father was a drug dealer*". (P20)

While others blamed their drug addiction for preventing them from ever gaining employment.

"*No, I never worked a day in my life... I know now today it was me and addiction, addiction was the reason*". (P36)

With no education or work history, some of the participants spent a lot of their time on the street, where they learned a street culture with a rugged masculinity, where they don't take orders from anyone. A lot of this comes down to the fact that they do not want to be seen as a fool. To take orders and being told what to do is a sign of weakness in street culture (see Winlow and Hall, 2009).

"*people ask me was I working, my attitude was I am in my bollocks, I work for nobody, that was my attitude…I would not work for other people, they must think I am an egit*".

Employment gave others some structure to their days which kept them away from the day to day activities on the street.

"*It kept me off the streets it kept me some bit sane away from the madness*". (P18)

This chapter gave us a better understanding of the early life experience of young males living in local authority housing estates in Cork City. It showed us how poverty, neglect, peer groups, and parental issues can have severe consequences for young men which can have detrimental effect on their future life chances. These negative experiences can affect their education and also trigger the onset of a criminal career and drug addiction.

5.9. Conclusion

This short account of the early years experiences of the participants in this study is a snapshot of the poverty, neglect, abuse and trauma experienced by young people in poor areas of Cork city. The participants recalled witnessing violence and substance abuse in their homes, they recount a distain for education, they reflected on the stigma and shame attached to their poverty and they spoke about the role their family had in both explicitly and implicitly encouraged delinquency and offending. From their early years we saw an absence of a positive role model, no sign of one good adult in their lives, and some intergenerational transmission of both trauma and deviant behaviours. Unfortunately, as is recognised in the literature, these boys had very little working in their favour and were at high risk of entering a life of addiction and offending. This next section will present the results of the analysis of the interview data that deals with the development and emergence of offending and addiction.

6. Lifestyle, offending, addiction

6.1. Introduction

The second section of this results/discussion section brings together themes from the Grounded Theory analysis that relate to the experience of addiction and offending of the participants as they construct it. This section also collates the themes that refer to the lifestyle of the individuals whilst there were active in addiction and offending. Importantly across these themes, the participants speak largely about their community and how it was dominated by violence, crime and addiction and the interaction between their own personal experience and this community context. An important theme that was overarching in this section is how their behaviour was *a response* to the environment, and how the men prioritized certain behaviours (e.g. been seen as tough) in order to survive; giving the impression that they were violent and tough was a priority for the participants as this was seen as a mechanism for self-protection. From the earlier section that presented the themes related to childhood experiences and from the themes that emerged related to later life presented in this section, we see thematic relationships emerge based on trauma, helplessness, imitation (social learning) and a sense of inevitability. Many participants reflect on their self-harming and addictive behaviours as a form of self-medicating and link this behaviour to their early childhood experiences. A theme that is relevant in this section that is also prominent in the earlier section is imitation –social learning via peer groups, social learning via family members and conformity with deviant behaviours as a means of self-protection and survival. Importantly, the participants in this study were able to reflect on their behaviour and link back its origins to both this process of social imitation but also social survival so they speak about a developmental but also a strategic element to their behaviour. However, while engaging in excess drinking and drug taking were constructed as *strategic* initially, those behaviours quickly became problematic as addiction overtook choice. Others spoke of engaging in high risk behaviours (crime and substance abuse) as *therapeutic*, in other words they saw the behaviours as a means of escaping from trauma, hurt, boredom and helplessness. However, regardless of the *motive* for engaging in crime and substance abuse for the participants in this study, they were all on the same road to extreme consequences of mental ill health, suicide attempts, overdoses and prison sentences.

6.2. Social identity; Self-preservation and masculinity

A significant issue that dominated the accounts of the participants in this research was masculinity; not always explicitly described as such, but it was a key organising feature for the men's

behaviour and the justification of their actions. A primary component of masculinity was the *doing* of masculinity – the per-formative element of it (Messerschmidt, 1993). The men recall the importance of being seen to behave in certain ways. The participants in this study recount engaging in extreme forms of masculinity, so that others in their community would see that they were not to be messed with. These extreme forms included violence, the use of illicit substances etc. The *value* placed on these forms of masculinity (and the participants describe these behaviours as part of *being a man)* are highlighted in the work of Ilan (2007) who points out that the experience of poverty and disadvantage and marginalization shapes a culture and the values that are prioritised and often these are at odds with mainstream society (Ilan, 2007). For the men in this research, having little or no education and an absent or chequered employment history had a detrimental effect on their self-esteem and confidence. As a result, when the experiences that are traditionally linked to positive self-esteem e.g. education and employment are not available, other sources of self- esteem will be channelled (Winlow 2001). The men in this research describe how they sought to achieve confidence and positive self-esteem. They describe how their focus was on how external social rewards and how this would impact on their own sense of self and self-confidence. They talked about the use of violence, fear and intimidation as the means through which they sought to gain confidence, build a particular social identity and increase their own self-esteem as the only avenues available to them. Messerschmidt, (1993) found similar experiences in his work where marginalised individuals in society are cut off from a range of social options and so construct their own.

> "*Bravado over being through a tough time, you were tougher because you were stabbed*". (P15)

Problematically, what is valued in such circumstances can be negative both individually and communally, and in the case of individuals in this study a positive social identity was linked to experiences that were considered *macho* for example being stabbed or spending time in prison; this effectively gave the men a celebrity status within their community, thereby reinforcing the negative behaviour but also trapping individuals in a cycle of self-destructiveness.

> "*They would look up to you, when you get out first* [of prison], *you have celebrity status"*. (P27)

Such recognition gave the men in this study a sense of achievement and power within their community, and Willis (1977) has described a similar situation in his research where individuals will construct a means of social dominance and control outside of the mainstream when their power

is denied because of their socio-economic status (see Willis, 1977).

For the participants in this study, the identity they projected to others in their social group and community more generally was vital as a means of survival – they saw their behaviour as self-protection, promoting power, and a means of control.

> "*I felt the bravado, and I taught it was a great thing and I taught that people would have been looking at me differently*". (P9)
>
> "*To have power over people, to have people afraid of you, to have them do anything for you that was my idea as power*". (P26)
>
> *"I was asked one day when I was a kid, would you prefer if someone loved you or feared you, I said fear me, because you had control over them*". (P20)

For some even though they were not violent they felt they needed to give the impression that they were able to handle themselves in a manner similar to what Goffman, (1967) described as *keeping face.* Being physically capable of violence and being willing to use violence were seen as key positive characteristics of being a man, importantly, they were the antithesis of being *weak.*

> *"I never saw myself as a handy or a hard man, but I tried to lead on that I could, I tried to give off that impression, so you would not be seen as weak*". (P15)

Weakness was described as a personality *trait*, but also as a physical state and to be seen as weak was problematic because you were then low in the street hierarchy, but also seen as vulnerable – people would take advantage of someone who they perceived as weak. Research conducted by Mullins, (2006) supports this notion of a hierarchy within street culture, where those who do not gain respect from their peers are seen as 'punks'. These 'punks' are told what to do and dominated by their more *respected* peers.

To avoid against this, participants in this study state that they had to prove to others that they were tough and could handle themselves if needs be; this inevitably involved demonstrations of violence. Importantly, apart from demonstrations of violence, the participants in this study also spoke of the need to actively avoid behaviour that could be seen as weak. One participant describes how he felt he could not show any sign of weakness, this participant explains that he felt *less than* if people seen him crying. (see Stanko, 1994)

> "*Less than to be honest, I would be embarrassed over crying and stuff like that*". (P8)

While being *macho,* or being seen as a *hard man* were key characteristics for group membership and a shared social identity, there were also other important elements to belonging. One key issue was loyalty to the community and not being a *rat* or an informer. Individuals in this study spoke about weakness as being related to being a police informer. Participants stated that the worst thing in the community would be if someone was called an informer. This person would be ostracized from the community, and seen as the *worst of the worst*.

> "*Oh Jesus Christ yah, the worst thing ever*". (P12)

> *"I would have rather went in and done my time than not, because I would have wanted the name that I was ok rather than a rat*". (P 18)

If you were called a rat you would lose your place in society. (Graham)

> "*You would lose your place in society; people would treat me like shit again*". (P31)

It was very important to have a particular reputation within the community. Having a reputation for self-defence, and not being afraid to use violence was seen as a positive thing as it prevented people trying to take advantage of those that were seen as weaker. This ties in with the findings of Daly and Wilson (1988: 128) which state that 'a man's reputation depends in part upon the maintenance of a credible threat of violence'. This macho masculine identity also had its disadvantages, as others would want to fight the person with the macho reputation. Individuals saw violence against individuals with a reputation for violence as a means of increasing their own strength, and being perceived as tough within the community.

> *"I had a name and a reputation, so fellas were fighting with me for their reputations, at this stage it was all reputation. I was doing the macho thing again*". (P21)

For the participants in this study, masculinity was a zero sum game – being tough and being macho were commodities that could be *taken* by other people or retained at the expense of other people. This dynamic meant that there was a constant struggle to seek or maintain this type of masculinity and the identity itself was fundamentally linked to the context and the community the men were a part of. This concurs with Bourdieu (1979) who argues that violent reputations are remarkably strong among active criminals and 'hard' men alike. The *macho reputation* was not necessarily about the self and ones sense of self – but about power, and the power to control other people. Connell (1997) describes this as Hegemonic Masculinity but points out that Hegemonic Masculinity is not merely a form of masculinity seen amongst offenders and violent community's, but, to some degree or another, it is in fact the dominant style of masculinity performance in

traditional western society. Hegemonic masculinity is seen as a means of gaining social approval and achieving status and power however, this is a relative achievement and power and status are finite resources. Willis points out that in cases where individuals are denied recourse to other forms of status (employment and education) Hegemonic Masculinity may be the only means through which they can achieve status and power within their community (Willis, 1977).

Participant 21 speaks about the need to maintain a reputation, leading to him to use violence in retaliation, even though he did not want to engage. The fighting he was involved in was causing serve consequence for him and the lives of his family; his family home was attacked, putting his family in grave danger. However, reputation was more important to him and he felt he had to show his friend and the perpetrators of the shooting that he was going to retaliate and would not be defeated. His belief was that if he did not retaliate his reputation would be diminished (Mullins, 2006). However he was torn between the need to maintain face whilst on the streets and his desire to avoid trouble on a personal level.

> *"I would be crying upstairs, tough man down stairs, upstairs I was crying knowing what I was doing was wrong. I could not separate myself, reputation was more important. I could not go out the door, I would have all the intentions to say boys I can't do it, but once I got out that door I could not walk away from it*". (P 21)

6.3. Vulnerability: fear, respect and self-preservation

Having or gaining respect feeds into the participant's *hard man* identity and this is directly linked to survival within their community. Growing up in the poorer areas of Cork city, participants could see that people who were given respect were the people who were known to be able to *look after themselves*. This ability to *look after themselves* was directly linked to the likelihood of an individual being willing to use violence and this use of violence has been documented by Winlow and Hall (2009) as a means to benefit one self and making an individual worthy of respect. As a result, on the streets, being seen as violent and being able to handle yourself becomes a way of 'doing masculinity' (Messerschmidt, 1993). Participants repeatedly reiterated that if they did not show others that they could defend themselves they would be seen as weak and targeted by others in their community.

> "*the only people that seemed to be respected and talked about the whole time were people that could handle themselves and the people that were involved in things, the madder the better*". (P 21)

Participant 20 states that it is more fear than respect, people will respect you if they fear you.

> "*Respect is everything, like they say respect but really it is fear, because of the capability"*. (P20)

Another participant states that you had to earn respect, and had to stand up for yourself; even if the other person was stronger you still had to stand up for yourself. It was important to show that you were not afraid in-spite of the opponent you faced. The act of *standing up for yourself* was enough to garner respect and gaining this respect meant that you might be left alone and not be targeted within your community (Katz, 1988).

> "*Respect, we got respect and we were left alone, that was the key we were left along. For us then we could walk through Mayfield and the hard fellas were up in the corner a lot of people would go around the long way, but we could go straight on because what we done and we were fearless, even though they would test us, by calling us a langer, a prick. You would have to stand up to them. And many a time I would have got a clatter, a beating, but I stood up again and got more respect for it*". (P39)

Along with being seen as weak, disrespect was a key issue for the participants in this study. Being publicly disrespected was not to be tolerated, and retaliating in such circumstances was to be expected. The participants even spoke about being *socialised* into this frame of mind – disrespect had to be addressed – there was no backing down when you were disrespected. As one participant puts it, this was ingrained in him growing up. Importantly, the participants were not only concerned about their public image if they did not retaliate; they was also concern with their own sense of self and self-respect.

> "*but if someone deliberately went out of their way to make a fool out of me, then there is a problem. If I don't act out then I am the mog, you should have done that 9 times out of ten I used to lash out because it's better than listening to yourself*". (P 34)

Winlow and Hall, (2009) argued that young delinquent men displayed a rough reaction to the exclusion they experienced. They steered clear of middle class ideals of intellectualism, careerism, life-planning and delayed enjoyment, instead appreciating 'focal concerns', such as trouble, toughness, smartness, excitement, fate, autonomy.

> "*Like fighting you were respected if you fought, you were not respected if you could debate, you were not respected because you were intelligent, you were respected if you*

were not afraid to fight, you did not need to be a good fighter, once you were willing to go into a fight in the first place". (P15)

To have respect within their community was highly prized for the participants in this study, this was often the only time and the only way they were able to have respect in their day to day lives. The power that came with that, and the recognition is something the men still hark after today. Even though now they recognise the dangers that such an approach presents to their wellbeing.

"*Amazing, fucking hell, I would still have traits on that today, and that can kind of kick in now and again, the ego, but at the end it was fuck, respect like, people respected me*". (P20)

For the participants in this study, violence, avoiding violence and doing violence were all a part of their daily lives. Getting attacked was something that dominated their day to day lives, where they travelled, who they travelled with etc. Ending up in the wrong area of the city could have disastrous consequences. As discussed above in order to survive in these communities, participants had to gain respect and show others that they were not weak and could and would fight back if they needed to. There was constantly the need to project a macho attitude, demonstrate a willingness to use violence in-order to protect oneself and to fend off future attacks. These were lessons that the participants in this study learnt at a very young age, what Goffman, (1967) describes as *keeping face*.

"*When I was a kid and my mam would send me to the shop, I would get robbed 8 times out of 10. So I started fighting from a young age*". (P34)

"*It was a very young age in the area I learned how to adjust quick, how this place operates, how you have to be, how to stand up for yourself, that was my mentality growing up. If people in the area seen you as weak target they would intimidate you, for me, I had to make a name and quick*". (P37)

For some of the participants in this study, there was a clear disjuncture between their home life and the life they led on the streets. Some participants pointed out that their parents did not agree with criminality or violence; however they had to learn those behaviours to survive on the streets.

"*My mother and father were lovely people, they raised us right. It was around here, I would walk around here, knowing that if I pulled away from it, they would turn on me because I would have got soft. It was all bravado, who is hard, fuck the guards, fuck the law, fuck authority, there will be no one tell us anything*". (P39)

However, other parents recognised the reality of living in their part of the city, and were active in preparing their children for the inevitable violence they were going to encounter.

> "*I suppose that was at home, we always were into boxing, my dad is still interested in boxing, he would have boxed when he was younger, even on the streets, there was that mentality that you have to be tough, if someone hit you, you would have to hit them back*". (P 16)

> "*He would have told me to stand up for myself in school, if you got into a fight even at a young age they would ask you who won the fight*". (P16)

Regardless of the home environment, and any belief in non-violence, the reality was that for the participants in this study their behaviour was socially reinforced by their peers on the streets. The more violent that these men were the nicer people were in response. Anderson's Code of the Street (1999) points out that respect can be gained through violence or the threat of violence, and that respect is the amount of one's standing in the street.

> "*if I went out and shot someone, or done something tomorrow, they would be back there treating me nicer*". (P34)

Importantly, while violence was used as a means of gaining respect for the men in this study, there were also other functions for violence. Some violent incidences would begin merely as a fight in the moment – however they always had the potential to escalate into feuds. These feuds were linked to group identity, community identity, ethnic identity and local history. In such instances it was not only the identity of the individual that was at stake, it was the social identity of the gang. As a result there was an even greater imperative to responed and not to be seen to be taken advantage of. The humiliation that would be experienced by a failure to respond to feud linked violence had the potential to impact not only the status of the gang, but also the identity of the individual members. It would just start off as a fight but then would escalate to a feud. To keep the hard man image in their community they must retaliate "a failure to respond threatens to make retrospectively ridiculous the pretensions of all in the attacked group" (Katz, 1988).

> "*They were getting more violent and violent; I started fighting with a lot of people I grew up with. They actually turned into feuds to be honest, weapons being used and everything; I was stabbed when I was 17*". (P8)

The use of the word gangs here is perhaps misleading, there was not necessarily any territory, identity or ideology linking the individuals to make them a gang in the criminological sense, it was more

likely to be activity by groups of friends who by happenstance were from the same area; groups of lads may be a more accurate description. And there was a lot of fighting in the North-side of Cork between these *groups of lads*. Most of this fighting started because they were under the influence of alcohol and drugs; bigger issues were less likely to cause trouble than two people getting into a drunken fight. But regardless of the arbitrary nature of these conflicts, they could easily escalate into a feud. Oftentimes, family and friends would want to fight back as they perceived that it would have not looked great for their reputation if they did not retaliate.

> *"I seen the man I was fighting pull out a screw driver, so I covered my face and he got me on top of my head, it escalated then, his brothers got involved, his friends and then my friends, and it took off from there. It was driving by alcohol and tablets; there was no recollection of why it started*". (P 15)

Other feuds were linked to more serious issues related to crime, some example due to drug dealer's disagreements over territorial issues and drug distribution.

> "*He shot one of these fellows, it nearly killed him, but he did not stop there, Guards and all that stuff there were knocking each other down off footpaths and hitting each other with slash hooks, it was a war*". (P 20)

The participants describe how violence escalated with each incidence of violence. At times, it reached the point where weapons were used, even guns. But also the consequences became greater than individual consequences – they became about family pride, there was a belief that you would be ridiculed if you did not retaliate.

> "*Yah, in that argument or feud…, that was revenge for that, but we were expecting him to do that*". (P15)
>
> "*You would be ridiculed, by the family*". (P20)
> "*I was standing at a bus stop when fellas pulled up and let off a gun shot out the window.*" (P 21)

6.4. Altered states, socialization into violence and substance abuse

Acting out violence dominated the analysis in previous sections, but for some participants they pointed out that they would have to be under the influence of alcohol or drugs in order to be aggressive. As seen earlier, some of the participants in this study would get into fights after drinking and drug taking which could escalate into feuds. One of the most significant areas of risk with the

use of alcohol and drugs is the connection between alcohol, drugs and crime. Individuals who take drugs and end up in the Irish courts are not punished for drug offences as such, but predominantly for crimes committed while on drugs (Stevens et al., 2005). Parker and Auerhahn (1998) argue that there are strong links between alcohol and violence and point out that "study after study indicates that … violent events are overwhelmingly more likely to be associated with the consumption of alcohol than with any other substance" (ibid: 307). Some of the participants in this study explain how they became extremely violent while under the influence of alcohol and drugs, and this was often the antecedent to feuding and ultimately a prison sentence. To avoid this from happening some would try and stay out of public while intoxicated as they became increasingly aware that whilst under the influence they could not control their behaviour. Substance use at the start may have helped the participants to deal with their traumatic life experiences and given them *courage* to engage in violence which they saw as having a positive social impact, but eventually the drinking and drug taking prevented the individuals from functioning in society.

> "*It was always fighting, it was drink, whenever I had a drink and I went somewhere I always ended up fighting*". (P 17)

However, drinking alcohol had important identity implications for the men in this study. Being able to *hold your* alcohol was seen as a hyper masculine trait and this was viewed in a very positive light.

> "*I felt like a man holding a can and drinking nagging of vodka, it made me feel good, I could hold my drink*". (P8)

However, with binge drinking came extremely risky behaviour. Individuals recall getting involved in a lot of fights that ultimately put them in dangerous situations.

> "*the amount of fights I had after night clubs around town, and a lot of the times I would have put myself involved in dangerous situations where I would have been highly intoxicated on my own, fighting with crowds of people*". (P17)
>
> "*it was kind of in a black out, I was in a lot of emotional pain back then, a lot of suppressed anger and when I drank vodka and mixed tablets it came out I reckon…I had no money and ordered the stuff and went out and hit yah man with a hammer,*
>
> *the next morning I could not believe what I was after doing. The whole place was talking about it*". (P17)

The participants in this study reflect now on their use of alcohol and drugs and point out that in effect they were self-medicating with these substances. They spoke about the trauma and the pain that they were *dulling* by taking these substances. As the reliance on drugs and alcohol increased the individuals started to isolate themselves by staying out of public when drinking and taking drugs. They were in fear of their behaviour, and so the solution was to avoid public spaces whilst intoxicated.

> "*I used never go out I used to be too terrified to go to the clubs because of who I would meet, I know I would end up fighting*". (P 16)

The majority of the participants in this study ultimately developed addiction problems. They started to experiment with alcohol and drugs at a very young age, and they increased their intake as they aged. Whilst starting substance abuse at a young age is not a guarantee of developing addiction issues, and the life trajectory of young people who are on this path are very varied, being surrounded by drug and alcohol misuse and addiction was a high risk factor (Kandel, 2000). For the men in this study, it was very normal to see people in the community experimenting with alcohol and using drugs.

> "*it was a very normal thing to do, if you did not alcohol or smoke hash, it was abnormal like*". (P15)

While substance abuse was a *normal* activity in the homes and communities of these men, the consequence of witnessing substance abuse, and ultimately engaging in substance abuse as children was life-long. Once they started to abuse alcohol and drugs, all the other activities that they were interested in went out of their lives, even their education.

> *"I knew nothing at the time, I suppose school was out the window, Fr Horrigan's boxing was gone, the basketball was gone, just wanting to do nothing, just get stoned and drunk*". (P 10)

Alcohol and drugs use gave some of the participants a confidence which they felt was lacking in their lives.

> "*When I found drink and drugs I really embraced that, I loved it, I was 13, it made me someone else, there was confidence there, it was a buzz*". (P 25)

Reflecting on their early misuse of drugs, some of the participants in this study, point to their dysfunctional home life as being a key factor.

> *"I started using drugs in primary school, we would go on the hop, we would rob bottles of nail varnish out of the shop, we get plastic bags and go sniffing nail varnish for the day. We were all the same age, similar situations as myself. Mad problems at home*". (P31)

There is a cycle to the misuse of drugs and alcohol that is visible amongst the young men in this study. They initially talk about peer pressure, having a macho identity, needing drugs to bolster a flagging self-esteem and lack of confidence, and using alcohol and drugs in order to be willing to engage in violence. Initially the men speak about the *purpose* of drugs and alcohol, but soon after the purpose became the substance itself. Once this initial phase of *purposeful* use passed, the participants spoke about the self-medicating effect of substance abuse, the need to mask the trauma and have a release from the day to day problems in life. In this stage the men reflect on their disengagement from society, family, education and employment. Ironically, the behaviours that they sought to achieve through their use of drugs and alcohol (e.g. aggression and violence) then become the behaviours they cannot control and seek to hide away from. At this point, the substance becomes the means and the end. We see this pattern amongst young people in Ireland and the reality of it is on show in the prisons across the country. The majority of prisoners in Ireland have never sat a state exam, left school before the age of 15 and the majority have reported addiction issues (IPRT, 2019).

6.5. Addiction as a antecedent to offending; crime and the external locus of control

Criminal activity was very prevalent in the lives of the participants from a very young age; substance abuse prevented participants from participating in normal activities such as education and employment and as a result in order to finance alcohol and illicit drugs some individuals turned to crime. In some (rarer) incidences, other individuals who participated in this study attempted to remain in employment in order to fund their lifestyle. Some of the participants stated that it was very difficult to stay in employment while out drinking and taking drugs and often the participant's lifestyle led to employers having to let them go. For some up to this point their jobs were financing their addiction, however, with little or no money to finance their addiction, some turned to crime. Research conducted by the Irish Probation Service, found that 70% of crimes committed by individuals under the supervision of the probation service were linked to alcohol and drug misuse; both as a result of efforts to fund their habit but also related to crimes committed whilst under the influence. These crimes relate to theft, burglary, assault, and public disorder (Probation Service 2012; Stevens et al. 2005).

Some believed that they would never have committed a crime if it were not for their drinking and

drug use.

> *"I never committed a crime sober…The money that I got from crime went on drink and drugs*". (P 15)

However, for some there was a sense of achievement in that they were able to finance their drinking, even if this meant theft and selling drugs.

> "*I felt independent that I had money, that I could fund my own alcohol*". (P32)

As mentioned, for some, employment would provide them with money to go drinking, but once they were not working anymore they would go back to theft to finance their drinking.

> "*then when that [his job]was gone I used to be getting into crime again, shoplifting to fund my drinking when my job was gone*". (P 17)

It was quite evident that crime was only in some participant's lives due to them having a problem with alcohol and drugs. They needed money to finance their use, and for some the only way they could finance their use was to obtain money through theft, and committing other offences.

There was a big drinking culture in some of the jobs the participants worked in. Instead of drinking in a field with his friends this participant was introduced to drinking with older men in a pub.

> *"it was like all my friends were down the field drinking cans and here am I in an early morning drinking with older men. I was the only fellow my age, there might have been 50 scaffolders worked for the company, they were all married men with children. It was just that area, the boom Celtic tiger, everything was just drink*". (P17)

During the economic boom in Ireland known as the Celtic Tiger there was plenty of money to be made working in the building trade. No matter how much money the participants made they would be capable of blowing it all on alcohol and drugs.

> *"I would have always had good money, which I would have blown, that was back in the boom, I was always broke from drink and smoking, no matter how much I had I was always broke on the Sunday*". (P16)

The Celtic Tiger prevented some of the participants from committing crime as work was funding their alcohol and drug use. As one participant explains his plans for when he got out of prison was to go back to crime, but because of the boom, he was able to find a good paying job

which stopped him from going back to crime.

> "*I got out in 2000, I got a job. I came out with the intentions of getting involved in crime that time, I did not, I was getting the bones of €1600 a week, I was fuck this, this is great, it was different, I was different*". (P14)

During the boom this participant was used to having money. But once the economy crashed this participant went back to committing crimes which lead to imprisonment again.

> "*I was involved in crime again. 2008, 2009 2010 I was locked up. Everything went balls up; the building trade was gone also*". (P 14)

"Did you go straight back to crime"? (Graham)

> "*Yah, when you are used to the money, you could not do without it*". (P14)

Some participants felt great to be able to provide for their family during the boom, as one states he was able to do things with his children that was never done for him when he was a child due to the poverty he experienced as a child.

> "*At the time I was bringing in €600 to a €1000 a week, we taught it would never end, life was great, we had loads of money. Take the kids down every Saturday for tracksuit and runners, they always had the best bikes, they had everything they wanted, stuff I never had as a kid*". (P13)

When the economy crashed things started to go downhill for this participant also, as he started to alcohol more, which lead to arguments in the family home which resulted in him moving out.

> "*Well I lost the job in 2008, the building trade went sour. So as I was not working, I started drinking more, which was not good, we started arguing in front of the kids which was not good. I ended up walking out, I started to go downhill from then, 2009 and on, up to 2013 were the dark days in my life*". (P13)

As seen from above the participants financed their alcohol and drug use from going to work. Some of the participant were making large sums of money from work and spending all their wages on alcohol and drugs. As their drinking and drug taking started to progress, some were not able to hold onto their jobs because they were going to work under the influence.

> *"I was exploring with tablets; I was taking them 10, 20 30s. When you have someone coming onto a site in a dangerous area out of my bin, they had no other choice to send me home*". (P33)

For others once they got their wages they would not be able to turn up for work the next day because they would be out drinking and using drugs.

> *"Once I get paid I would not turn up after I got my pay packet, I would go on a mad one and I would not turn up, I would be there for a day or two, and then I would be gone for that*". (P27)

One participant would telephone work telling them he was too sick to come to work. But this participants work colleagues knew he was drinking heavily and getting into all sort of scrapes as he would come into work with marks on his face from fighting the night before.

> *"The job was ok for a while but then it became drinking Thursday till Tuesday, there was periods where I would miss Monday and Tuesday ringing in sick. Everyone knew I was a drinker that I was fighting all the time. There was one guy used to call me the butcher's block, every Monday I would have marks on my face*". (P30)

Some participants would have moved from job to job, due to their addiction problems. After numerous attempts of trying to work and use drugs, this participant realized that he could not do the two and gave up work.

> *"I went into a painting and decorating trade for about 3 years, I went through so many painting contractors that, I'd go working and miss days…the work went out the window, I kind of became a full time drug addict then*". (P15)

It is clear to see that when the participant's addiction progressed, they were not able to hold down their employment which for some made them unemployable (see Nutt, et al 2007). But also we can see from the testimony provided above that individuals were responding to changes in the social environment. The undulations of the national and global economy were being felt on the streets of Cork. In some cases the *boom* provided a seal that prevented the social problems from bubbling to the surface, but this was temporary, and even in some cases it made the addiction problems worse. Once the economy entered a downturn, the same social problems resurfaced. (see Bruguera et al 2018)

6.6. Doing masculinity

While there is a relationship between crime and addiction, it is not always direct and it is not just an issue confined to the individual. As mentioned earlier, social conditions have a significant impact on work, offending, addiction and metal health issues. In the case of the participants in this study, the crimes committed by the participants were not just to fund their alcohol and drug use. Importantly, the participants in this study saw drug taking as an important identity defining behaviour. They spoke about taking drugs and drinking to excess as a means of being accepted by their peers, being seen as macho and conforming to a very particular masculine stereotype. This *identity making* role of drugs and alcohol has long been recognised and Messerschmidt (1993) pointed out that using these substances can be seen as a way of *doing masculinity.* This performative element of Masculinity, particularly the use of the body to transmit socially approved norms such as behavioural expectations and expressions (Connell, 2005) was a key aspect of the day to day behaviour of the participants in this study. The physicality of the masculinity that the men in this study described is both essential to their conception of gender and gender roles, but also important to their culture, identity and sense of belonging. Such conceptions of masculinity transform the body into an asset and resource for power and an ability to be in a certain way and also be perceived as so by others (ibid). In this case, excess drinking and illicit drug use can be a way of achieving and maintaining a masculine status that is valued in ones peer group and broader community. Levant's (1997) describes how the dominance of hegemonic masculine ideologies in working class men accounts for the high numbers of those individuals who have issues with substance abuse and have experienced incarceration.

For the men who participated in this study, involvement in crime and drinking to excess and illicit drug use gave the participants a *macho* reputation within the community which they liked. As far as these men were concerned there was no other way to express their masculinity and this was primarily because they had no other influential role models within their community that they could aspire to imitate.

> "*With that I started to get confidence started getting a reputation for the things I was doing on drink and drugs, robbing cars, houses. I never had any working class intention, like a trade, or accountant, nothing like that ever came into my mind*". (P31)

With little positive opportunities to express their masculinity in a meaningful way, those learned behaviours and shared norms and values from the streets informed their sense of self and way of behaviour. Participants routinely turned to radical and risky behaviours [crime, alcohol and drugs]

to express their masculinity, and this was perceived as normal, and expected.

6.7. Loss of control; descent into addiction

During the analysis for this research a few themes arose again and again, and one of these was substance abuse and addiction. As seen in previous chapters the participants started drinking and abusing drugs at a very young age, and while their fate was not predetermined, the likelihood of addiction was significantly raised for these young children. Apart at all from the probability of these individuals experiencing addiction, the mere duration of their substance abuse marked them out for physical and cognitive side effects. Addiction is progressive; the longer the participants were using substances the worse their alcohol and drug use was getting and ultimately all of the men in this study ended up with some form of dependence syndrome. Dependence syndrome (World Health Organisation, 2018) is a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal once the substance is withheld. This process describes the experience of the men in this study – progressing from the recreational use of alcohol and illicit drugs, using drugs for behavioural and identity purposes, using drugs in isolation due to lack of control over their behaviour whilst intoxicated, an increase in risk taking behaviour whilst intoxicated and ultimately addiction and total dependence.

> "*I was always thinking about tomorrow, I suppose fear of not having something [drugs] in me, to get away from me, I would wake up and I would want a drink or a tablet. I was never sober, it was madness really*". (P 10)

It was clear to see that there was a progression with the participants drinking and drug use. Most participants started off drinking or smoking hash, but the longer they were using these substances, there was a greater likelihood of engaging in harder drugs.

> "*it started drinking 4 cans of beer, a couple of joints, right up to being strung out on heroin, being on the streets*". (P33)

While their addiction was getting worse they were not looking after themselves properly, the substance that in the beginning serve to numb psychological pain, act as a social buffer and facilitate group belonging had become a tool of self-harm. The men were drinking so much that they could not hold down food when they ate.

"That's another thing I was empty reaching every morning for years. Very hard to put food inside me, so you could say, I was malnourished because of drink". (P 23)

One participant describes the physical effects of alcohol withdrawal; he explained how he got delirium tremors when he went to prison. He was after ingesting so much alcohol and drugs on the outside, that when he went to prison his body reacted violently to the sudden withdrawal.

"I remember my first night in the cell I started to get desperate nose bleeds, I was after taking cocaine for months and drinking heavy and then all of a sudden I was withdrawn, then I started to panic because I had nothing in the cell, the cell was bare not a sup of water, and I was going through the rats from the drink lying in bed and the blood pouring out of my nose. I taught I was going to die that night". (P 17)

6.8. Loss of control; addiction, crime and problem behaviours

During the analysis of the interview transcripts it was clear that the participants did not want to continue living the way there were living. Addiction was often seen as the main issue for the men, and usually portrayed as the source of many of their problems. Often this was due to the physical side effects of addiction and the related interpersonal problems that emerge in response. As seen in previous sections participants were capable of losing control once they were under the influence of alcohol and drugs. It was not unusual for the participants to end up in a cell, having committed a serious crime after a nights drinking. The next day, the individuals recall they often planned to give up alcohol/drugs; equally they might then decide to smoke hash or give up everything and have a couple of bets. But no matter what substance they picked up each participant progressed and became addicted to the next substance. Some of the participants kept repeating this cycle jumping from one addiction to another.

"I would go on benders, I would come back to the house, and I would tell myself this is the end of it. I did not know it at the time but I was powerless to the disease, I was wanted to stop but I could not stop. I could stop certain things, if I stopped the drinking, I would substitute it for the weed, if I had no money for the weed I would go back to the drink, I would find a cheaper route not to deal with life". (P 37)

Another participant explained that when he gave up crime, he started to get addicted to drugs, but the drugs could never replace the way he used to feel when he was committing crime.

> *"There is no comparison at all, crime is the thing, well it was the thing for me. I never felt everything…I'll take drugs, because I am not doing crime, it's a fucked up way to look at it but if I was not involved in crime, I would not be involved in drugs*". (P14)

For this individual, a number of behaviours were linked in to this dependency cycle. For example, while in recovery and while this participant's life was improving, he thought that he would be able to have a €10 bet a week. However, he learned that because he has an addiction problem that he was not able to gamble once a week, he could not control his behaviour, for him it was all or nothing, gambling was like a alcohol or a drug, and it triggered a descent into substance abuse and crime once again. Substituting one addiction for another has been noted by some commenters, as one addiction replaces another (Sussman, et al 2008).

> *"It was very devious thinking, it was sneaky, I convinced myself that I could have a bet on the soccer, I am not using [drugs or alcohol], my life is falling into place, spend €10 every week. I learned through experience that I can't have a bet*". (P32)

What happened to this participant was that gambling led him back to drinking as the gambling caused a lot of pain and misery in his life. In response to this pain, the only solution he saw available to him was alcohol use, and he saw this as the means of dealing with what was going on for him.

> *"It snowballed again, and I ended up drinking again*". (P32)

The progressive nature of addiction was also visible in the stories of other participants. One case, a participant became addicted to heroin after his doctor prescribed him opiates for wrist pain.

> *"I got strung out on heroin for the last two years, I broke my wrist in the gym one day and I ended up getting prescription drugs for my wrist, opiates, and I was prescribed them for two weeks and I was taking them for 6 weeks*". (P17)

It is clear to see that no matter what substance the participants substituted for, alcohol or drugs, they had the potential to become addicted. This highlights the reliance on substances or behaviours (gambling), was not about addiction, but in fact a reaction to other severe problems in their lives. What happens is the consequences of active addiction can become too troublesome for the person. Because of this they have a desire to stop their addiction. When physically dependent on a substance, once stopped the individuals will develop withdrawal symptoms, which cause suffering or impairment; the person will continue to use the substance to avoid the withdrawal symptoms, or change the substance to deal with the withdrawal (Sussman, et al 2008). According to Fisher (2000) the individual needs to become aware of the difficulties that they are more than likely going to

encounter now that they have stopped their substance abuse. That sobriety or abstinence can trigger a whole new series of crises because the individual is not using chemicals to treat the symptoms of trauma was a difficult realisation for the men in this study.

6.9. Loss of control; denial, isolation, and a shattered identity

As seen by the participants in this project were mostly multiple substance users, going from one substance to another, and each new addiction brought more problems to their lives. Importantly we know from the literature that individuals with addiction issues have high rates of dual diagnosis; mental health disorders (Brannigan et al., 2004), such as depressive and anxiety disorders, social phobia, PTSD, conduct disorders, and oppositional defiant disorder are common occurrences. (Abrantes, Brown, and Tomlinson, 2004). Drug addiction not only causes problems for the person who is addicted but also causes severe problems for the individuals surrounding the addict. The men in this study were acutely aware of the impact of their addiction on those closest to them. Every participant in this study made numerous attempts to try to end their addiction but could not. The participants recall the horror of being in active addiction, desperately wanting to stop abusing their substance of choice, yet not being able to quit; this had a significant impact on their mental health (see Davidson, et al 2007). Many years of active addiction played havoc with the men's self-esteem, confidence, relationships, and identity, particularly their sense of masculinity (Lindesmith, 1968) Their identity, their sense of what it meant to be a man was also shattered because of the effect that their lifestyle was having on them. To deal with these emotions, the only solution the participants had was to take more drugs which of course served only to worsen their mental health. At this stage the participants often reflect that they saw no way out, suicide became what they saw as the only viable option, with some of the men recalling their multiple attempts, while others self-medicated with increasingly larger doses of drugs/alcohol hoping that it would take away the anguish they were feeling or even that their death would result from an overdose.

> "*There was a lot of pressures from herself because she was pregnant, I was fighting all the time, there was lots of arguments at home with my parents. I was liable to go missing on the weekends. Because I could not stop drinking*". (P30)

Most of the men in this study wanted to stop drinking and taking drugs because of the way they were feeling whilst in active addiction. They had come to realise the relationship between their emotional state, their interpersonal relationships and their physical wellbeing and their addiction, and realised that they needed help to quit. Most of them also knew they type of help they

needed (e.g. a 12 step programme) but knowing they needed help and taking the step to get help were two different processes. As a result many of the men just continued using.

> *"I remember continually saying to myself, I am going to a meeting tomorrow, I will talk to someone tomorrow about this. Suppressing more and more drugs, and then the next day when I am coming down off it, I would say, I won't bother going in there. It was Groundhog Day*". (P 39)

The longer they continued to abuse drugs and alcohol, the greater the worse problems there were having in their lives.. It wasn't unusual for an individual to lose their family before they realised how bad things were. Participant 36 recalls that he pushed everyone out of his life; he blamed his addiction for his behaviour with his family and friends.

> *"Because it was through my alcoholism. I now know it was a bad experience for me, my addiction. I got divorced, I lost my kids, drink took over my life. I had to be miserable, push everyone away, my family, and my children. I never loved anyone, because I never loved myself. I pushed everyone away, I lived miserable, and I thought I would die miserable also*". (P36)

While participants were able to identify their addiction as being a significant issue in their lives, and that this was causing significant pain for them, it wasn't as simple as stopping the substance abuse. These men were self-medicating with alcohol and drugs in-order to overcome trauma, psychological illness, identity issues and peer pressure, by removing the substances, these issues would come to the fore, and have to be dealt with – this was a difficult realisation for the men (Fisher 2000).

> "*I remember at that time I started to get very angry, I hated everyone and everything, my using around that time started to change. After that selling drugs instead of getting an ounce, I would get a bar, then the hundreds of tablets everything started to escalate, and as a result there was bigger consequences, bigger debts, fighting with people all the time*". (P19)

Importantly, we witnessed a change in the relationship between crime and addiction as the active addiction phase worsened for the participants. The progression of their addiction made them commit more crime as they needed to feed their habit, but also as a result of more chaotic behaviour.

"Was your alcohol and drug use getting worse, when you started to do these robberies"? (Graham)

> "*My addiction progressed at the age of 15 I would have been introduced to Es, and I went through a faze for 5 years where from Thursday to Sunday I was taking Es, and smoking cannabis and drinking the other days*". (P32)
>
> "*It went from shoplifting to robbing cars committing burglaries at age 15*". (P32)

Despite the implications of taking and selling drugs including fixed sentences and the likelihood of an extended prison sentence, the consequence of going to prison were not enough to stop this participant from continuing his behaviour, it was not until he went to a treatment centre that things stopped getting worse. The addiction was the root of everything without addressing it, nothing else would improve.

> *"I was getting worse and worse, where you have a couple of sentence behind you, you would think, now I am not doing this anymore, but no I was getting worse up till the time I went to treatment*". (P 27)

Despite the participants in this study having received a number of prison sentences, they were not deterred from engaging in substance abuse and crime, however, the worse their addiction became the greater the realisation was that they were losing control of their life, their sense of self, their social identity and their mental health. The front the individual talks about in the segment below is the Hegemonic Masculinity – the sense of being a hard man, a tough man, having the fear and respect of his peers.

> "*I was shattered, that is why I felt so lost like, I was left with myself, and I could not keep up the front anymore, I was bait from the alcohol and the drugs at the time*". (P 16)

Narrative approaches to social psychology shed light on this experience, they explain how we have ideas of who we are and what our lives are about (McAdams, 2001) and we use a narrative identity process to tell the story of who we are. This constructed identity is very important to our sense of self because it manages our activities, inspirations our choices and gives us meaning in our lives (Maruna 2001), importantly it also justifies past behaviour and reconciles our past with our present. Addiction has a significant impact on one's identity; it chips away as one's own sense of who he is but is also prevents an individual upholding a particular social identity that they view as important. In this study, individuals needed to portray themselves as tough, projecting fear, being intimidating, this was important for survival, but also because it was a culturally approved norm, and as such it was the only option available for individuals to survive on the streets. Ironically the behaviours that bolstered that identity (taking drugs/alcohol) ultimately became the downfall of that identity, because years of drug abuse prevented these participants from being able to project the

type of masculinity that they valued and so they were experiencing active addition at the same time as an existential crisis of identity. (Farrall, 2017; DuPont & McGovern 1992).

> *"the older people I look up to were all gone, they settled down, they could control their drinking, they had kids and they got older, then the younger crowd came through. I started being around them around the corners, it was only pity, I was a pity, I was falling around the place, and they were looking after me, 7 years younger. I ended up from being respected around the place, to people saying for fuck sake here is again*". (P39)

At this stage of his addiction, participant 39 was not able to look after himself on the street and would get assaulted quite a lot.

> *"I would be falling around the place, at this stage, I would have got a good few beatings while drinking*". (P 39)

This went on for three years; at the end this participant felt broken.

> *"that was it for about three years. Home was non-existent, I pittered out, I became a loner, I just saluted people, I never felt wanted. I was broking mental and physically*". (P 39)

It was clear to see that when the participants drug/alcohol addiction started to progress, it also causes a necessary escalation in their criminal activity. The longer they were using the worse life was getting for them, on every front. For some the only refuge they would get from this lifestyle was either going to prison or to a treatment centre. Going to either of these places did not guarantee recovery from their addiction, [but it does for some], but it offered a break or a time-out from what was going on in their lives.

Due to the consequences of their lifestyle, [prison, addiction, violence, estranged families, and traumatic experiences] some participants turned in on themselves and hated the person they turned out to be. As one participant explains he would break a mirror when saw his own reflection-he hated the person looking back at him.

> *"because I did not like me, I self-harmed myself an awful lot, I did not like looking into a mirror, every mirror I looked into I broke it. I hated myself big time, it is frighten when*

you think back though, not wanting to live, in and out of prison, and knowing nothing". (P 10)

To deal with these emotions, in the absence of engagement with a treatment programme (or even after multiple attempts) the only solution the participants saw was to take more drugs which only caused a further deterioration in their mental health, which in turn prevented them from dealing with life in any meaningful way.

> *"I became very paranoid on it, I did not know was it paranoia or reality. I could smoke a joint of hash and the paranoia would come on again. Yet I still was smoking it still taking it because I could not live with myself, could not sit with myself, I could not deal with emotions, so I had to take these things*". (P39)

And when they were not using drugs they found life very difficult, for example being a father was emotionally challenging and often turned again to substance abuse to deal with this issue.

> "*When I was not on these things when I was paranoid, I would say I am never going to take these things again, I don't want to take these things again, then the minute I would come down I would have to deal with emotions, deal with my family, being a dad, I could not deal with that, I suppose I was caught between a rock and a hard place, for years. It made me very sick, physically and mentally*". (P39)

Another participant explains that he experienced psychosis over the amount of drugs he was taking.

> "*I had drug induced psychosis*". (P12)

The participants started to descend into a dangerous place when the substances they were taking did not help them deal with their emotional pain any more. This had a detrimental effect on their mental health and for some accelerated the amount of drugs they were putting into their bodies in an effort to numb the emotional pain. The more drugs they took the worse their mental health got, which caused more devastation in their lives.

As the participant's mental health was deteriorating, the participants reflected on the isolation they felt. They could not talk to their peers about the way they were feeling, any discussion of emotions was not conducive with an identity as a *tough man that was* seen as a sign of weakness. Despite their suffering, the participants were only concerned with keeping up the macho/tough man image. As participant 9 explains, this was all an act.

> "*we would have talked about was the tough boy image, or the bravado, But when you are trying to live up to this macho image it is hard, you are not letting people in to what is really going on what is inside your head*". (P9)

The majority of the participants in this study spoke about people close to them dying from suicide, from drug overdoses, and having near death episodes due to their risky lifestyle. They all spoke about their own suicide attempts, overdoses and self-harming. Drug related deaths in Ireland have reach epidemic proportions; Ireland has 70.5 drug deaths per million people, compared with an EU average of 17.1 per million, that is close to double the UK rate at 28 per million (European Monitoring Centre for Drug Addiction, 2014).

> "*he lost the plot, he then grabbed tablets out of a drawer, there was a steroid in them, he took 20 of them, over the next 24 hours he got 15 cardiac arrest and he died at 19*". (P 21)
>
> "*One drowned off the Shaky Bridge, and another died in a robed car*". (P15) *"A*
>
> *friend of mine he is dead now he committed suicide last year". (P 19)*
>
> *There was a friend of mine going to NA, he is dead now overdose with a needle in his arm in a toilet in town*". (P 25)

Overdose, suicide and even murder became a regular occurrence for one participant. To help him deal with the grief he used more drugs to numb the pain.

> "*Since I lost that friend I have lost a lot of other friends over overdose, suicide, one was murdered, I think death became an occupational hazard after a while the funerals got easier to go to, not that they were easy to go to, but I did not feel as much, now I*
>
> *was using more drugs and the drugs that I was using was the ultimate pain killer*". (P 25)

Suicide was very prevalent in the lives of some of the participants, and some participants in this study made numerous attempts on their lives.

> *"I can remember being 17 and wanted to take my life, and I did, I through myself off Patrick's Bridge one night like, fucking three o clock in the morning, in the middle of January, just like a switch, my head told me and bang*". (P 10)

As one participant explains that he finds it difficult to let go of the bad memories of his childhood which leads to him self-harming.

> *"Oh yah, all self-harming, no respect for yourself, a fucking terrible way to be to be living inside your head. I have a hand full of good memories from my childhood, and I have a suitcase of bad memories, and I keep hanging on to the bad memories*". (P13)

With all, these negative memories, this participant finds it very difficult to move on with his life. With these thoughts and feelings going on he did not care if he lived or died.

> *"I felt I did not deserve it, I felt I did not deserve my family, my kids, that shit going on in your head, how are you meant to move on, you can't it is crazy and it is frightened when I think back of it, how close I was to death. I did not care, fuck*". (P 13)

To deal with the low self-esteem and low self-worth, one participant states that he was drinking and taking drugs and praying that he would not wake up the next day.

> *"I was sick of being sick, I was going nowhere in life, and wanting to die for years, I can remember drinking a bottle of whiskey and taking tablets many of a night and saying take me please*". (P 10)

Another participant explains before he injected the heroin he knew that it would either stop him from being depressed or it would kill him. This participant was in such a bad place that he did not care if he lived or died.

> *"I was drunk, I had two €25 bags of heroin and I put them onto the spoon, I know now that this was too much, but I was drunk, emotional and depressed, I just taught this is going to make me not depressed or its going to kill me, but I did not care, it would take me out of the way I was feeling at that moment, I injected it, I overdosed immediately. So the needle was still in my arm and I woke up and two paramedics and two Gardaí were standing over me*" (P15).

For others their addiction affected their mental health so badly and they felt that they could not stop, that there was no way out – their solution was to end their own lives.

> "*Continued using, I suppose it was till I was 28 to 31 that I really wanted to stop using but I did not know how. That's how the attempts of my life came*". (P32)

Overdoses and suicide attempts not only affected the participant's mental health but also their physical health when they came around.

"I was so fucked from that overdose… Ya, I could not go outside the door, I was so sick in my head I used to get violent headaches, body tremors". (P 17)

"*that is why I think I have epilepsy today*". (P13)

Death or near death experience was very prevalent in the lives of the participants. To deal with their troubled lives the participant's solution was to abuse alcohol and drugs which only exacerbated their mental health and in some cases pushed them to overdose. In Ireland the National Drug-Related Death Index, shows that in 2014, the number of drug-induced deaths fell slightly, to 214, compared with 223 deaths in 2013. The majority of those who died were male in their thirties. Opioids were the drugs most commonly associated with drug-induced deaths. Prescription drugs were commonly implicated in poly-drug deaths (European Monitoring Centre for Drug Addiction. 2017). Of interest here, and something that is mirrored in this study is the age range of the individuals. Being in their thirties is an anomaly in terms of offending as often men go through desistance as they age. For the men in this study, they deteriorated as they aged rather than desisted. This has implications for how we think about maturity for individuals who are in active addiction and offending.

6.10. Prison, identity shifts and self-reflection.

Whilst dealing with active addiction, almost all of the participants in this study faced prison at some point or another. As already mentioned participants would find themselves in prison because of crimes committed in order to finance their drug use but also due to violence and aggression carried out whilst under the influence. Going to prison served a number of purposes for the men in this study for some, it gave them a celebrity status amongst their peers and the young people in their area; it bolstered their hard man identity and made people *look up* to them. For others going to prison was a blessing in disguise even though they might not have seen it at the time. Going to prison for some, took them away from their chaotic life on the outside which was slowly killing them. For others still, it gave them time to assess where their lives were going, and a chance to consider what they needed to do in order to stop themselves from continuing their problematic lifestyle. Some linked in with supports within the prison to help with this process and successfully recovered and desisted, while others went straight to the only life they knew. Because the participants in this study had multiple imprisonments, they would have experienced prison differently depending on the state of their active addiction, their family situation and the physical and mental health. However, regardless of what they thought about being incarcerated, for all the participants in this study - prison became a way of life; going in and out of prison became the norm.

Hearing stories from older lads escapades in prison was attractive to some of the participants, which gave them a desire to go to prison to see what it was like.

> *"I remember being up there, there was a bit of curiosity, because you would here older lads talking about it. I do not know what it was but I wanted to know what they were*
>
> *on about, what it was like. There was always a fascination with it. I wanted to see it*". (P30)
>
> *"How you would have to piss in the cell, how you bring in drugs, stories of the yard, the fighting, the cutting up, it was all attractive, I was attracted to madness*". (P39)

Some of the participant would have been fearful going to prison, but once they went in there, they felt that it was not that bad. This made it easier for them to go back to prison on other occasions, because they now knew what it was like. The majority of the participants in this study had repeat convictions and thus had multiple stays in prison, this ties in with the national situation as know the overall recidivism rate of offenders in Ireland over the three years from 2010 was 62.3% (Irish Prison Service, 2013).

> *"Oh yah, because there was always a fear of going to jail if you had never been there. When I got out that was grand. It was all guns blazing then when I got out, things got a lot worst when I got out. I got out in Christmas 07, I had another charge March 08*". (P34)

Prison offered an escape from the streets in a physical sense but for some individuals they knew so many of the other prisoners as they were all from the same locality – this complicated things as there was the on-going concern with keeping face, and maintaining an identity. This often had an impact on the individual's willingness to engage in intervention programmes in the prison. The fact that the prisoners often knew each other is also representative of the national situation as Irish prisoners are 23 times more likely to come from (and return to) a seriously deprived area. (O'Donnell et al., 2007).

> *"Yes there was always someone you know, I can't remember being in there with someone I did not know*". (P27)

While the thoughts of going to prison was frightening for most participants, once inside for a short time they started to relax and fit in with the other prisoners as they most likely had the same culture and views on life.

> *"When I went to prison I was afraid, but after a few days or weeks I fitted in there, I felt I belonged in there. I was with people who were taking drug and had the same ideology as me. It was very easy for me to blend in there, playing handball, playing football, go to the school, fall into that routine, it was grand*". (P15)

Mostly, once the participants went to prison they did not mind the experience. They adapted quickly and were socializing with people from their community who were also incarcerated for similar crimes as themselves.

> "*I think there was an added bravado or image on people, from my experience, of knowing people who have gone to prison…But for everyone else it was a badge of honour. Personally I believe that all of them do not want to be up their when their up there and have that fear, but when they come out their like I am the man and look at me*". (P9)

However, often prisoners could not leave their *outside* life behind them. Trouble followed them from the streets to the prison and fighting and feuding were common

> *"I went to Cork prison first, but I was in a spot of bother, a fellow tried to stab me in the throat with a scissors. I did not know who he was, he was a man and I had some argument with his son*". (P21)

Like on the street, fear, intimidation, and fighting are key survival strategies that one needs to portray to prevent being targeted or bullied within the prison (see Kupers 2005). So while prison (for some) offered respite, for others it merely transplanted the street into the more intense environment of the prison (Mitchell, et al 2016).

"Did you still have to go in there with the hard man image"? (Graham)

> "*Well you have to keep it up, because if they think you are some bit not hard they would walk all over you, you would be picked out and bullied, or made an eejit out of*". (P31)

The participants reflected that there was no difference in the way you needed to carry yourself in side prison and in the community where the participants came from. It was the same expectations, the same people, the same norms and the same culture.

> *"it is the same kind of environment, it's all image and front and you have this wall in front of you, where no one sees you as weak, and it is all street talk, and street attitude, and street rules, it is very similar, coming from the area I was on the outside coming to prison it was very similar situations, very similar ideologies, ways of seeing society*". (P15)

One participant states that he saw a lot of bullying going on in the prison. He stated that, like on the street, the reason they were being bullied was so that others would see as tough and macho.

> "*You would see bullying going on all the time… Machoism*". (P21)

A lot of the bullying was geared around drugs and money and like on the streets, there was also a hierarchy within the prison.

> *"you would never see the top dogs doing anything, it is always the fellas underneath them. It always over drugs and stuff and money, it always they want something of a fella, they want him to buy the drugs*". (P21)

Despite all this, for some prison was still a place for them to get a break from their chaotic lives on the outside. As seen in previous sections, life was unbearable for some on the outside; suicide attempts, drug overdoses, and mental health problems were very common, and prison offered respite to some degree.

> *"Desperation stuff like, and not caring if you got caught, because sometimes prison was the best place for me, a good few times I went to prison and I was on deaths door, and prison was a breather from the madness*". (P 15)

Another concurs and states that not only did prison give him a break from being violently attacked on the outside, it also gave him a place to stay, be clean, warm and be fed.

> "*I went in to prison when I was 15 for drink driving no insurance, went in there I thought it was the best thing, because I did not have to run any more. I was not getting beatings, I went in there I had food; I had a roof over my head*". (P36).

Unfortunately for some in this study, prison was the easy part. As one participant put it, his sentence does not start till he leaves the prison. Then he has to deal with life which he found very difficult.

> "*Prison is alright, when you are in addiction, your sentence starts when you get out, for me I start battling my demons when I get out, when I am in there I feel safe, and comfortable*". (P26)

Prison can also be seen as getting a second change to chance your life. For the participants in this study the way they were living their lives on the outside it was only a matter of time before they were going to lose their lives, for some a prison sentence prevented that from happening.

> *"If I pick up a drink and I end up in prison I would be very lucky. Locked away again and maybe get another chance at it. Because if I continue, there might be no come back… I would probably top myself, or die slowly*". (P10)

Once in prison they had time to look at where their lives were going. Their alcohol and drug use was removed (mostly) and they were able to assess where their lives were going on the outside. It gave them space to think. Once clean in prison, one participant spoke about how his family came back into his life, and about becoming a father for the first time and how this gave him the motivation to do something about his chaotic life.

> "*the first three months was just staying in my cell doing nothing else, sitting around thinking what I was doing with my life, where I was after ending up, but it was the best experience in my life, where it's got me clean, my family came back around me, my partner, I did not like the thought of my child being brought in there because he was a few weeks old, but it gave me the motivation to sort myself out*". (P12)

Once in prison, some of the men in this study spoke about being able to stay away from alcohol and drugs and eventually starting to feel healthy. While looking after themselves they start to look at where their lives are going and weigh up the pros and cons of their lifestyle.

> "*it gets their brain thinking right again when they are looking after themselves, thinking is it worth it*". (P 3)

This participant concurs and states that while in prison he sobered up, which helped him to realize that he was living like a teenager at the age of 40. This realization gave him the motivation to go and talk to someone about the way he was feeling which helped him to move on in his life and ultimately address his addiction and offending.

> "*when I got to the jail, I sobered up and started thinking about everything, and started to see that this was not healthy, I have to do something about this, I was 40 years of age and I was going around like a teenager*. (P 13)

Once the participants realized that they wanted to stop and were open to change they had access to the necessary supports whilst in prison. Individuals often found they had a positive experience with support workers in the prison, which helped them to make steps in the right direction but many of the men identified that- once they got out of prison – they would drink alcohol or take a drug and their plans went out the window.

> "*being locked away like, to recuperate, the Cork Alliance came into my life, I got to meet them, I wanted all of it to stop, but anytime I drank you know*". (P10)

6.11. Conclusion

During this section of the analysis there was a number of themes which arose again and again. Masculinity and having a tough man image within their community was one that was very important to the lives of the participants. Participants learned at a young age that they needed to fight back and if they gave the impression that they were able to look after themselves they would not be targeted by their older peers. As well as being able to look after one 's self, participants gained power and status by being seen as hyper masculine within their community. This status was gained by drinking large amounts of alcohol and taking large amounts of drugs. Their alcohol and drug use progressed which started to cause severe problems with their mental health, relationships, physical health etc. Overdoses and suicide became prevalent in the lives of the participants and their peers. The only break from their torment on the outside was trips to prison, treatment centres and psychiatric units. Within these institutions participants would get clarity on where their lives were going and would want to make changes to their lives. Some would succeed while others would have to make numerous attempts to try and change their lives around. The positive thing about going into prison, mental institutions and treatment centre was that they were kept alive, they were exposed to supports, they got a break from the chaos of the streets and they had a chance to think. That is of course not to say that the prison experience is all positive, and that there are no drugs within Irish prisons (see Dillon, 2001) but for the men in this study who all suffered from addiction and its related issues, retrospectively reflecting on their journey out of addiction and crime they constructed prison as predominantly a positive experience in their recovery. Crewe, et al (2019 : 1) states that prison can be a "*positive intervention in their life where it's active engagement in the process of identity reconstruction, normative alignment with institutional values and the role of lateral regulation in shaping the prisoner's new self*".

7. Recovery

7.1. Introduction

This final section presents the themes that emerged from the analysis of the interview data as it relates to the participants reaching what they describe as hitting *rock bottom* and wanting to recover from their addiction issues to stay alive and move on with their lives. This section analyses the journey the participants encounter trying to achieve recovery and in many cases this journey is marked by relapse, multiple failed attempts and multiple *rock bottoms*. This journey is not easy, it is described as leading to pain, suffering and when failure happens, and there are negative outcomes. These negative outcomes are the driving force motivating the person to attempt to achieve recovery again. The process is often iterative, individuals attempt recovery, they relapse, they attempt again, however when the participants in this study spoke about relapse they often experience more severe addiction each time they regress. This experience is described as leaving the participants spiritually and mentally broken. The participants spoke about looking towards another life – they have seen success in their community, in the prison, in addiction support meetings. However, it takes significant determination, preservation and support for participants to learn how to live a new life in recovery and leave their past life behind. With positive peer support, professional support and the support from the people in 12 step meetings, the participants in this study have constructed a new identity, reimaged their past self, and ultimately changed their perception as what it means to be a man. Instead of the prioritising the strong tough man image, the participants learned how to be a father, provider and a positive contributing member in society. However, as the men recall, their journey does not end there, the participants must continue living this way of life if they want to stay in recovery.

7.2. Broken, stripped of a sense of self and facing death; reaching rock bottom

During the analysis the participants spoke about their addiction taking them to a very low place in their lives. As seen earlier, after a point drinking and drug use did not help the men to deal with the emotional pain they were suffering due to past and present experiences. The drinking and drug use was only exacerbating any mental health conditions the men were experiencing, and ultimately served to impact negatively on their mental well-

being. However, as is seen in the literature (Carlsson 2012 Sobell, Cunningham, and Sobell, 1996); Klingemann 2011) all of the participants state that they had to reach *rock bottom* for them to act. While this is a retrospective analysis of the *turning point* that the men experience as a *moment* in

time, the literature points to the impact of negative consequences as being a motivator for behaviour change (ibid). Importantly, a turning point, or hitting rock bottom is a *relative* experience, and individuals experience this differently, but also experience it multiple times and in multiple ways.

> "*I was broken I lost it all, I ran out of ways to use*". (P24)
>
> "*I became incapable of work because I could not function, I could not communicate*". (P17)

But a common feature in the men's experience is a sense of all-encompassing failure, a total and complete inability to function. Towards the end of their active addiction, they knew no one wanted them around, their behaviour while intoxicated was unacceptable to most people, and this resulted in isolation and loneliness. This experience had a significant impact on their mental well-being.

> "*Because no one wanted to be around me, because I was just a mess. I was barred from the majority of bars in Cork city, I could not go out. My idea of going for a drink was up the park having a few cans*". (P32)

Their ability to function in terms of meeting their day to day needs was limited by the fact that they prioritised access to alcohol or drugs: whatever money came their way went to feed their addiction. This brought poverty to their family homes, if they were still in a family home. Many of the participants reflected on the impact their addiction and related behaviour had on their home life and pointed to this as a low point in their life. Not being able to provide for their families for example, at Christmas, brought a sense of shame and self-loathing.

> "*I can remember very low points in my life, one of them was, I can remember Christmas 5 years ago, and I had nothing and I could not give my kids nothing for*
>
> *Christmas that was a hard one to take. Then I was telling myself, things were never this bad, how did I leave things get this bad. They were the hard parts*". (P 37)

While all participants experienced *rock bottom* in varying ways and with varying intensities, Paternoster and Bushway (2009) argue that it is the cumulative negative consequences from their involvement in crime and the experience of addiction that ultimately become too taxing and this spurs the decision to change.

> *"I remember I told myself, if I ever get clean and sober, I am going to stay clean and sober. I made that promise to myself, I was sick of letting people down. I ended up homeless numerous times. It was a rocky road*". (P 37)

This participant felt he had hit rock bottom on many occasions, but every time he relapsed he would go lower each time. As the substance abuse worsened, the impact on life in general worsened and each new rock bottom was increasingly more severe.

> "*Well I would have had rock bottom within those years, I always say it, is there such a thing as rock bottom, I taught I hit rock bottom, and then I hit another one and it got worse*". (P25)

A part of the process of experiencing the cumulative effects of addiction and crime and all that goes with that lifestyle, the notion of the feared self resonates with the individuals who were a part of this study. Paternoster and Bushway's (2009) concept of the 'Feared Self' captures the sense that individuals had in moments of clarity from addiction – they knew the options were death or recovery and they knew they had to choose.

> "*I would be dead, and that's the truth*". (P15)
>
> *"I am delighted I caught it when I did because if I did not, there was worse things, I know that, heroin that was the next step for me*". (P37)

Another participant realized that no matter what drug he used, the impact was the same on his mental wellbeing, and ultimately his physical health. He realized that his addiction had taken over and his lifestyle had caught up with him – he was "burnt out". Maintaining the lifestyle that sustained their addiction required a significant level of level of energy and aggressiveness (Farrall, 2017) and they no longer had the drive or the stamina they needed. Ultimately the men describe the process of seeking change as *seeking peace of mind.*

> "*I was still on the streets, I was completely smashed, I was broken enough to want recovery, I was broken enough to be in a treatment house. Without drinking and drugs I am completely different altogether. That image was normal when I was using. But looking back now it was off the wall. No one wanted me around, could not sleep in anyone's house. Lost friends, chopped up friends, I was left with myself. And when no one wants you it is tough. I was picking drugs over my own child*". (P 33)

Despite the chaotic lifestyle most of these men were experiencing, the offending, the prison time, the addiction, the isolation, the rejection by family etc, choosing to seek help, or accept help was

something that became a consideration only when the situation became so bad that the only other option was death – be that via overdose, self-harm or becoming a victim on the streets.

7.3. Death or Recovery

For the participants in this study, all 40 of them had issues with addiction, and most of them spent time in Cork prison. Of the 40, 21 attended a residential treatment centre for their addiction issues, 12 of them went more than once and one individual attended a treatment centre five time. The relapse rate is high, and often the reasons people choose to go to treatment have an impact on the likelihood of relapse. For the men in this study, they reflected on the *right* reasons for going into treatment; court mandated treatment, being coerced into attendance and a non-committal attitude were less likely to support recovery. On the other hand, the men reflected that those individuals who had reached rock bottom, who had no option (other than death) but to get clean and sober were more likely to commit. However, regardless of the motives and intentions of the individuals, relapse is almost as common as success and often individuals need to repeatedly return to treatment in order to eventually succeed. The men in this study point out that some individuals will keep relapsing and repeatedly go back into recovery, the others die from overdose or suicide.

DuPont and McGovern (1992) identify the final stage in addiction is when the person hits rock bottom causing extreme suffering in their lives, and for the people closest to them. They recognise that they have lost control over their addictive behaviours, and ultimately their lives (ibid).

> "*I remember waiting to get a bed in Frances Farm for treatment, and I taught I was not going to get it because there is a long waiting list to get in there, and I was overdosing regular at the time, then when I got the chance to go up there, I said I am taking this with both hands*". (P 15)

For some individuals in this study, they recall going to a treatment program as a means of avoiding or mitigating a prison sentence. As this participant explains, going for the wrong reasons does not work.

> *"I went to a treatment centre in 2005, I went for the wrong reasons, I went because I was after committing a crime, I got caught, I was after getting a book of evidence, I had two books, I said for 5 minutes of madness I am not going to go down for 5 years, I am going to go to treatment. But it was never going to work because I was going for the wrong reasons. I was in the treatment centre for 15 months*". (P32)

After attending treatment to avoid a substantial sentence, this participant relapsed into his old lifestyle. He did however attend treatment at a later date with the aim of getting recovery and changing his life.

> "*Then going to Tabor Lodge, great people great counsellors, they know if you want. When you go in there it was for myself, not for anyone else, I've had a great experience, I went in there no charges or anything, it gave me the key to go back into the meetings*". (P 36)

The dangers of not getting into recovery is that the participants could quite easily die by suicide or overdose and end their lives

> "*A good friend of mine that was with me, who is in recovery now also, he gave me mouth to mouth, rang an ambulance, I had to be resuscitated with the defibrillators, I remember coming around and there was ambulance and flashing lights on my way to the Mercy I died again, they had to resuscitate me again*". (P32)
>
> "*I was going to overdose, my body was just going to shut down I was either going to kill someone or myself, I suppose my head was just gone*". (P17)

7.4. Cycles of relapse

The participants in this study spoke about their experiences of giving up alcohol and drugs, and importantly the significant incidence of relapse. Despite the fact that individuals were driven to move away from alcohol and drugs due to the pain being caused to themselves and others relapse was a feature of the experience for all of the participants. And apart from the issue of relapse for the men in this study, there was also the likelihood that each relapse led to an escalation in the severity of the substance abuse. We know from research in the field that individuals 'careers' in drug use and alcohol abuse "often escalates to more severe levels, with repeated cycles of cessation and relapse occurring over an extended period," (Hser et al. 1997, : 543). This escalation leads to multiple recovery attempt failures, severe consequences for the men's mental health and significant physical impact.

Oftentimes the ability to succeed at recovery is linked to progression in one's personal introspection around self-medication, trauma and self-control. For example one individual spoke about how his lack of understanding regarding why he used drugs and the psychological impact of substance abuse impacted upon his ability to stop using.

> "*I have always a fear of being clean, for what reason I do not know. There is always something in me that I need something. And I know I don't need something, but there is something in my head that says you need to take something to function better, I*
>
> *don't function better, it is stupid thinking, but for some reason I'm at it so long, if I don't make a change now, there is not too many ways this is going to end up for me*". (P40)

Another participant spoke about his lack of understanding of the process of addiction. His assumptions around his own self-control and potentially substituting one addictive substance for another without consequence led to repeated failures at recovery. A number of participants in this study experienced how certain behaviours were a gateway back to active addiction. For some individuals it was any psychoactive substance, for others it was the context they were in (e.g. a pub, a street corner) and for others it was the risk taking and the associated *high (e.g. gambling).* The men often took a significant amount of time to identify these gateway behaviours, to recognise the risks of engaging in certain ways and with certain people and to link these interactions with the risk of relapse.

> "*I taught I could use successfully, or I taught it would be different this time, I would come out thinking I won't use tablets but I will have pints, but it does not work like that because I will end back at square one very quickly, I would end up on tablets... and then when it got bad I would go back to treatment, and when I come out of treatment I would say I will have a few joints and wont drink, but that was not enough for me*". (P15)

Often the issue of linked behaviours or gateways back to addiction emerged when the participants were feeling physically better, were off drugs or alcohol and had improved mental well-being. Once they started feeling a bit better, the individuals often as a result of underestimating the strength of their addiction presumed they had *control* over their behaviour and could engage in linked behaviours without consequence. The men spoke about gambling, returning to old friends, returning to old hangouts etc and quickly learning that places, people, behaviours and substances were the gateway back into active addiction – and ultimately relapse.

> *"Then 2 or 3 weeks I was grand, back eating, I was thinking I was grand. I went into a bookies and won £300 and I went out and had a pint, and I was back getting powders and tablets again, I went home and they said we can't have you coming home like this anymore*". (P 40)

With the return to active addiction, then came the offending behaviours. The individuals in this study describe it as a cascade. But a cascade that would increase in intensity as the addiction became more severe.

> "*back fighting and drink driving, back getting into car crashes, now things were getting worse, the fights were more frequent and violent*". (P 16)

With each relapse, the participants speak about a deterioration in both their physical and mental health. Going in and out of recovery was so taxing that the men realised that they had a finite emotional energy and that they were in danger of suicide or overdose if the cycle continued.

> "*my mental health can't take any more of the life I've lived, even if I was to go out use for a couple of days, or God forbid if I took a drink, I would not get 12 months out there drinking and drugging…I would end up dead in a couple of weeks. I know that, my body or my mind can't take another relapse or recovery like*". (P 17)

However, despite the realisation of the dangers of continuing a risky lifestyle, relapse was a regular occurrence for many of the participants. What they all had in common was that when they suffered a relapse into addiction and the related offending, their overall behaviours got worse; the addictive behaviours were more extreme, their mental health deteriorated and their life became generally more chaotic. This downward spiral caused the men to see two alternatives, attempt recovery again, or attempt suicide as a way out. In this study 12 of the men attempted suicide, whereas 7 people had suicidal thoughts.

7.5. Recovery and prison

For many of the individuals, behaviours they engaged in during the height of their addiction led to arrest and ultimately imprisonment. This had a range of impacts on the individuals, one of which was a *time out* from the chaos of their day to day lives. For many of the men in this study, prison served this purpose. However at different times in their lives, prison also served the purpose of increasing their *hard man* reputation. But after multiple imprisonments, which was the norm for the participants in this study, prison offered the opportunity to stop taking drugs, gave them space away from the streets and offered time to think about where they were and where they were going in life. Hearing stories while in prison about friends and family on the outside, attempting suicide, or overdosing, gave them time to reflect on what they are away from, and what is waiting for them when they get released (see Paternoster and Bushway, 2009). Many of the men in this study reflect on the decisions they made whilst in prison. They often decided to try to change their behaviour, to

do something about the chaos of their lives; whilst in prison they were able to access support around education, addiction and their psychological well-being. For many, their time in prison was often the opportunity to detox off alcohol and drugs, and this enabled them to start their journey into recovery. Obviously some succeed and temporarily stay away from drugs, alcohol and crime and other relapse and end up in active addiction and back in prison.

> "*Prison gave me a lot of time to think, and when I was in prison my cousin was just after dying, his brother was stabbed to death. My other friend he died, the mother of the two fellas that died she died, my best friend got involved in heroin, things that was happening outside was affecting me inside. I was saying is this what I really want. So I started question things*". (P 21)

Why and how people succeed is difficult to capture, but for the men in this study, the psychological burden of the past is a significant issue. Feelings of guilt, shame and anxiety were common as they attempted to address their addiction and offending, and these emotions often acted as a deterrent to recovery. For many, drugs and alcohol masked these feelings, and withdrawal of these substances led to the emotions remerging, so not only did the men have to deal with these emotions, they had to do so without the crutch of alcohol and drugs. For others, the social context that sustained their addiction and offending lifestyle was a barrier to their recovery; the peer pressure and the macho culture in their communities was too much of a draw and they quickly returned to the start of the cycle of active addiction through peer interaction. For the men in this study, if took many years to recognise this pattern, some individuals realised it earlier than others. It is of course true that the majority of individuals who start to offend will eventually cease offending the older they get, however, this can be as a result of desistance but also death (Kazemian, 2007).

> *"So after that I said what do you want when you get out of this place, where are you going, you are either going to the river and kill yourself, or you're going to be killed by someone, something has to change, you are 40 years of age, you still have kids, who looks up to me, my young fellow adores me. So I said fuck it*". (P 13)

For a number of participants in this study, prison life was an opportunity to experience a different way of living. The life they experienced on the streets was marked by exclusion: exclusion from education and exclusion from employment. In prison, some of the men experienced for the first time *having a job* but also being trusted to do that job. The sheltered and controlled environment gave the individuals a chance to experience another way of interacting with people and being a part of something useful.

"*Just working in the kitchen, I was a trustee, the first time anybody ever trusted be in that setting*". (P20)

However, as might be expected, these experiences do not transfer automatically to life outside the prison setting. When the men were back in the community things became difficult again. Anxiety, fear, and shame dominated their experience on the outside, and the men were often quick to *self-medicate as a means of releasing the anxiety.* Despite the plans to never return to substance abuse, the men often quickly relapsed on release.

"I felt ashamed, I would have a thing in my stomach, now I would be delighted they were leaving me out, but when I was coming down Rathmore Road {Cork Prison) *I would get desperate fear, I would have to drink*". (P27)

This participant relates his feelings of embarrassment and fear around people judging him for having been in prison. Addiction and imprisonment is very often accompanied by a social stigma (Chen, 2001) and for the men in this study, this led to feelings of shame and social isolation.

"I used to think I was ashamed of what I done, people saying in my neighbourhood he is only out of prison". (P27)

Despite the progress this individual made whilst in prison, for example his involvement in the education unit and this dedication to recovery from substance abuse, on release his sense of shame around his past and the stress of returning to his community led to an almost immediate return to drinking and drug use. The participant could not control his drinking and drug taking and very quickly he was back in active addiction in an even worse state than before he went into prison. In addition, the pressure to return to the old life was strong. Participants in this study speak about being given money and drugs on release, in one case drugs were put under his door. This had the impact of drawing an individual back into their old lifestyle. In many cases they were *trapped* by their old associations – they had no way out of their old life.

"I had every plan, from the first time I went in there, I used to go to the Bridge Recovery group, to the educational unit, I used to be doing courses. I would ring my mother once a week and I would have the best intentions, I would be saying never again, but I could not help it. You come out the gate for about three hours and reality kicks in, society, I used to get paranoid again, and I used to get ashamed again, and I would end up going drinking. You would be celebrating as well, a fella would give you money, they would be drug dealing and they would give you a few pound for getting out. You are back doing the same thing". (P 27)

For the men in this study, entering education as well as staying off drugs and alcohol was only a part of the problem. In the controlled prison environment, this was achievable. However on release, the impact of the community was substantial. The peer pressure, the expectation of old acquaintances, the old loyalties and the impact of a macho, Hegemonic Masculinity was over whelming. When the men sought to make changes in their lives and turn their back on their old ways of living, they felt judged by people in their community. This judgement led to significant distress for the individual in recovery, often adding to already heightened feelings of anxiety. The participants often spoke about how in the past, *they* would have judged an individual as they attempted to get clean. For those in active addiction seeing others attempting to recover had a duel effect. On the one hand it was almost seen as a rejection of the group, a rejection of the culture, turning ones back on their origins. However, on the other

– those who succeeded in recovering were a vital part of the motivation that was needed when people eventually decided to attempt to achieve recovery. This participant knew how others would think about him, because he would think the same way as them when he was in active addiction.

> *"I was very anxious for the first couple of years, up around my own area, I taught people might look at me and say who does he think he is now, people would think that I was after getting snobby or posh. We used to think that anybody that has gone straight has gone posh, anyone that went to college from my area, my mentality was that anyone that went to college was rich people, posh people, and now to think that I am in UCC, and there is nothing abnormal about it for me but my thinking around it before was mad*". (P15)

Importantly as demonstrated in the extract above, *going straight* (desisting and being in recovery) was seen as a cultural betrayal. In the north side of Cork City, being posh was an anathema to the daily reality of that part of the city. Being posh was something that was *the norm* in other parts of the city, and going to University was the ultimate expression of this.

For the men in this study, it was rare to have a positive role model from their area to look up to. Peers going on to third level education was rare, both because it was often not encouraged in the home, but also because *it wasn't done.* An individual who did get to college or University was also likely to be ridiculed and be accused of betraying their roots.

> "*there was no one in my area that went to college, no one in recovery; it was just the way it was*". (P25)

With few role models from their area going to University, or progressing positively in life, the only role models that were available were the older men in the area who were involved in crime, in active addiction and responsible for violence in the community.

> *"It's not like other parts of the city where it is encouraged to go to college, or our next-door neighbour was a doctor, it was just joyriding, drug dealing, that was just the thing, people were going to prison it was desirable among young people, it was like a badge of honour, or it was something you just done as a teenager*". (P15)

Quite ironically perhaps, for the men in this study, their experience of education usually ended prematurely in the community, however they often re-engaged in education once in the prison system. While the motive may not have been education, as some went as a distraction, or for routine, the experience often served as the starting point for further education.

> "*took all the classes to keep me away from the yard, away from the hassle, the drug taking the carry on, hanging around one crowd down there and another over there, it was not for me, I did not want to fall in with that crowd at this stage*". (P 13)

While others started their education journey in prison they continued their education when they were released. This participant saw education as a way for him to make a living legally, as a means to move away from the *criminal* identity that he once held.

> *"I said I was going to get an education is prison, then I am going to do my trade, done that. then I said I will do level 5 and 6 done that. Then 3rd level, in my second year, now thinking about doing a masters in construction management. I don't see why that won't happen, now I'm talking about plans after that. I made it well when I was a criminal, I made lots of money. I don't see why not I can't do it on the legit side ether*". (P31)

For others, the pathway into education via the prison opened up a world of options to them in a piecemeal fashion. They may have originally entered education as a means to access social welfare payments, but it then exposed them to other options and ultimately led them to full time University education.

> "*I was looking online and I applied for social studies and applied Psychology in the College of Com [pre-University institution], I got an interview and I got, it was not my third of fourth choice it was I might as well apply for something, I went into it and I*

loved it. I applied for UCC [University] and I got that, so things happened and I am still in UCC now". (P 25)

However, one of the biggest hurdles to success for the men in this study, was managing the transition from prison back to their community. For P12 this was primarily related to the dealing with their past actions.

"*he asked me what was the hardest part of your addiction, and I said getting out of prison, and having to face everybody with no drugs, the shit I was after leaving behind me, it was the hardest thing I had to come out and face*". (P12)

The pressure of this, and the expectation of what awaited them often led to a relapse within hours of release. But for P17 and many others, prison was not the only institution – he spent time in psychiatric institutions and drug treatment centres. The revolving door applied to all three.

"*it was like a revolving door, it was treatment, prison, mental institution, treatment, prison, mental institution*". (P17)

However, the participants in this study emphasise that despite their relapses, the treatment

/interventions they received in the various institutions were not a waste. On release while the individuals may have returned to their addictions, they were more likely to know where to go for help, what supports they needed, how to spot signs of trouble etc. One participate recalled how on his first night out of prison he went straight back to his addictions, [alcohol and gambling], however, the supports offered to him whilst in prison were on his mind and he took the opportunity to access the support which prevented him from continuing into active addiction.

"*when I was talking with one of the staff from the Alliance I asked her what was there for me when I get out. I said to her when I get out I am going straight to the bookies, and what money is left I will go and get some drink, she said to call into the office when I get out. So I got a couple of weeks TR, got two bottles of cider, went to the bookies and got drunk, next day I picked up the phone, and said I am going back to the same way as before I went in. they told me to come straight in. from that day on I have not looked back, because I took full advantage of the services that they were giving me*". (P 13)

7.6. Maintaining recovery; the reality of social influence and social bonds.

Researchers have suggested that the necessary life changes which support desistance from crime

involve removing oneself from engaging with people, and frequenting environments and situations which can lead them back to an old lifestyle; Maruna, and Roy (2007) call this 'knifing off'. For most of the participants in the study, they quickly realise this, often whilst in prison or in a treatment centre. Usually this is due to a fear of going back to prison after release, and whilst in prison, this seems an important step in recovery and desistance. It is often clear to the individuals that within their communities there is a direct connection with their old way of living, and too much pressure from peers to go back using drugs and getting involved in crime. For many of the participants in this study, they needed a total break with their past in-order to achieve recovery and desistance. Unfortunately, this is not easily achieved. Some of the men in this study knew that they had to knife off completely, and so moved away from where they had previously lived and made a fresh start somewhere no one knew about their past. By moving to an area where they were unknown, this gave them the feeling of anonymity, the primary purpose of which was to avoid the labelling and stigma, which they knew they would suffer in their own community, but also in any community who knew about their past. However, for the participants in this study, knifing off was not necessarily a permanent activity - they described needing time to build resilience, get stronger and more secure in their recovery journey. The longer they stayed away the stronger they got in their recovery. As time went by the participants became less vulnerable and able to deal with peer pressure and deal with people from their past.

> "*I was full of anxiety and fear the thought of going up there and be reminded of who I was, I am a different person now, I am not a junky or a scum bag anymore, I am living a clean and honest life. The people up there remember me as the old person, when they look at me the same way, I had that all going on in my head, so I thought I am not going to go near it, I am anonymous out in Wilton, I am anonymous in the city. Nobody knows me they only know me from who I am now, and I am happy for that at the moment*". (P15)

Another participant stated that he would have found it too difficult to get recovery in his neighbourhood. Interestingly Mc Neil (2014) speaks about tertiary desistance, and the acceptance into society of individuals who have engaged in crime in the past, however in this case, the complexity of being accepted back, but not recognising the changes the individual had made was amongst the individuals who had engaged in crime and substance abuse in the past.

> *"I don't think I would have stayed clean if I lived there. I would have went back to the same environment, back home, it would have been the same thing*". (P 19)

For many in this study, a new start meant anonymity, a new start, a new community; they talked

about wiping the slate clean. In many cases this involved moving to another part of the city to avoid being stigmatized or labelled by the people he lived around but also to avoid returning to his old lifestyle (see Ahmed et al, 2001).

> "*I stay away from the people I used to hang around with, I stay away from people who drink, stay away from pubs, stay away from hotels*". (P36)

When they do see their old friends, they would salute them and walk away, they needed to do this for themselves to protect themselves from going back using.

> *"I would just say hallo, and good bye, I would not even stop to talk to them. That's what I need to do to look after myself*". (P36)

One participant talks about the difficulty trying to stay clean when he came out of treatment, and the temptation from meeting people that he once used drugs with.

> *"I was around about a week, and some fellow asked my for a light, and then he asked me did I want some tablets, my first reaction was no, but when he left, I was I should have taken them, it would have been nuts, fellows I was in Simon with would ask me to help them shoot up, in the street, because I would have been good at shooting up. And I would be there to them I am clean, and they would be saying so what, you are only injecting me, they could not get their heads around it*". (P12)

The participants in this study talk about both the related behaviours that would lead them into offending and using again (e.g. selling drugs but not using) as well as their sense of vulnerability to the life they once led. For the men, it was all or nothing to stay clean, but they also felt that as time went on their vulnerability decreased and their resilience increased. However, they felt that they could never engage fully with their past friends and acquaintances.

> "*it does not bother me as much as it used before. I can walk the other way so I do not have to bump into them*". (P 21)

7.7. All or nothing leading the good life

Participants stated that for them to stay in recovery they had to live an honest life – they meant this in a universal way – it was all or nothing. For some they were so used to offending, using drugs abusing alcohol etc. that change meant a fundamental shift in every aspect of their behaviour. This was often the most difficult element of recovery and desistance for the men in this study. Often

they felt that they could address their addiction, but still engage in, for example, supplying illicit drugs. Or others felt they could avoid alcohol but still hang around with old friends. For some of the participants in early recovery, they still hung onto some of the old problematic behaviours. While these behaviours were not as severe as what might have gone on whilst in active addiction, oftentimes these behaviours were the gateway back into more serious offending and active addiction. It often took many attempts at recovery, and many periods of incarceration for individuals in this study to realise that if they wanted to continue in recovery they had to change all of their problematic behaviours. Once this realisation was accepted life in recovery became much easier.

> "*Everything changed, I suppose in the early days I was still selling drugs to buy a tracksuit, I kept on to some behaviours because I taught they were acceptable. I am clean off drugs and going to my meetings, but I changed my behaviours I changed everything*". (P19)

After a few attempts at recovery this participant realised that being dishonest and engaging in gateway behaviours always led to him relapsing.

> *"I've had been clean a few times before, one year, eighteen months, the difference this time is that everything has to change. When I was clean before, I could be selling tobacco, hanging around with the old mates, scamming the dole, illegal stuff, minor, but still illegal, it's still part of the system, it was like having my feet in both [worlds]".* (P24)

For the men in this study, what was a significant hurdle was detaching themselves from the type of masculinity that they prioritised in the past. Behaviour that was linked to being seen as macho, behaviours that were prioritised in their community group were not conducive with recovery. Risk taking behaviour, being in environments where drugs and alcohol are used everything that was a part of their old life had to go. This involved a fundamental reassessment of their individual values, how they thought about life and how they functioned on a day to day basis.

> "*I am acting out left right and centre with women, chasing women….. going to nightclubs and pubs pulling women*". (P 25)
>
> "*even me chasing women and being involved with different women, I had to stop all that shit as well*". (P24)

The individuals in this study talk about living dishonestly, not necessarily committing crime or abusing substances, but what they call the undercurrent to those behaviours. They reflected on how

thrill seeking was often as the basis of these behaviours, but that it didn't fit with the kind of changes they were trying to make overall.

> "*Its false, you would be talking in meetings saying how I am after changing my life and doing new things, then coming outside the door and fucking trying to make money of someone, or trying to ride this one, because her fella is away. It's the undercurrent stuff, the thrill kind of thing*". (P24)

The participants also reflected on how their sense of self, self-worth, and self-belief were impacted by a dishonest lifestyle. For them, living honestly was vital because achieving recovery and desistance was about living a good life, but also seeking peace of mind, and engaging in risky behaviour or what they describe as gateway behaviours was not conducive with achieving this. Of course there was also the risk of being dragged back into active addiction.

> "*I have to work on my conscience, my conscience must be clean for me to progress, and for my self-belief to come and my self-worth. And before when I was not working on that stuff I was going backwards*". (P24)

> "*I was on the brink of taking drugs most days. When I started changing that behaviour, things started to get easier, like that the emotional stuff*". (P19)

7.8. Social bonds, the role of peer success in motivating desistance and recovery

Another theme which arose quite strongly in the accounts of the individuals who participated in this study was the development of a new social support group, and relatedly a new social identity whilst in early recovery (Tajfel, 1978). In addition, positive social bonds were a key experience of people who were in early recovery (Sampson and Laub, 2003); these bonds were developed with individuals who were in recovery for a significant period of time. In terms of vulnerability, loneliness and isolation, early recovery was the most challenging for the men in this project. For them, starting a recovery journey was exceptionally difficult. Knifing off (Maruna and Roy, 2007) from family and friends was hugely difficult, and having to deal with the emotional implications of this decision, and the loneliness was a major struggle. Building a new network of support, and becoming a part of a group of individuals whose aims and ideology you share was vitally important. The participants got great hope and support from people who had similar life experiences as themselves and were now living their lives in recovery. These individuals were not always *new* friends and acquaintances, in fact some of these people were friends or associates that they would have used drugs with or even spent time in prison with, however, everyone now

had the same aim of recovery, desistance and living a good life. Seeing the transformation in the lives of these individuals whilst attending 12 step meetings (or other treatment programs) gave them the motivation to try to achieve recovery for themselves. These long term members in the 12 step meetings became some of the participant's sponsors. These sponsors showed them how they were living their lives without alcohol and drugs and what changes were needed to be made to maintain recovery. But also important in this process was the sense of belonging to a new social group, a social identity that was relevant to their current place in life and friendships that alleviated the loneliness and isolation. The creation of this new in-group also assisted in creating distance between the participants and their former friends and family. By having a new identity reference, they were more clearly able to identify who they *no longer were.* This is similar to Laub and Sampson's (2003) work on social bonds as a deterrent to offending, however in this case the group dynamics were vital to the formation of a new identity and the shedding of an old.

> "*I think, everybody says it is not a social club, but for me it is. That attachment thing, the bonding thing, that feeling of being a part of something again you know. And again that thing of off-loading and people understanding of where you are at, and where you*
>
> *are trying to go, now that thing, birds of a feather flock together, I gravitated to the people I taught where doing well, and they were the bulk of them like*". (P12)

One participant explains when he went to 12 step meetings he could see that the other members had lived a similar live as he had – but importantly in spite of this they were able to progress in life and not go back to offending and addiction.

> "*they were just as bad as myself, if not worse, I thought I was the only person. They're off the drink years, they have their family back, they are living the life of Reilly, they did not have to go back to the person there were. They were talking about sponsors; thankfully, I got a sponsor the first week I went in there*". (P36)

While other stated that keeping busy also helped them to stay sober. This is often assumed to mean employment, however, in many cases in this study, the men were not ready for employment and were often a long way from being able to function in a manner to keep a job. For the participants, meaningful activity was the first step, learning how to be stable, achieving peace of mind, slowing down.

> *"I like working, I get up at 6 in the morning, say my prayers have breakfast and I leave work at 7am. I was always busy in recovery even though I was not working. I was in*

fellowship house, they put me into a course for three years. I was up in the morning I would finish at 1 o clock and I would go to a meeting. Then I would get a meeting that night. Then I was doing another course Social and Health Project. SHEP. I done that for two years again with meetings and exercise. Money, I don't chase money anymore, there was one time I did. Now it's peace of mind what I want". (P23)

"*I used to be always saying to my sponsor, when am I going to be alright, he used to say give it time, and he was right*". (P 10)

Importantly, the participants in this study speak about how their new social networks are important not only for a new identity and sense of belonging, but because they acted as a barrier against previous identities and a means of staying away from previous social groups. Also, they offered *peace*, a time for reflection and isolation from on-going day to day issues.

"*I go to my meetings and it might be for a hour a day, I describe it as being naked, I have no distractions, no TV, phone, nothing to distract me, and that's where I know where I am at*". (P25)

For some individuals in this study, they were able to re-establish old friendships with people they had used drugs with, in the past who were now in recovery. This was very beneficial for the individual to get sober as it eased the transition from their old life to a new. McNeill (2006) points out that it is very important for people who are trying to desist to build trusting relationships with people who can support their desistance. One participant found this trusting relationship at a 12 step meeting, given that people he had once used with and committed crime with were part of the group.

"I went to an NA meeting, and I met a fella I know and he was going to the meeting, then a car pulled up with three of my friends, they got out and they were going to the meeting, that's how it all started….It started me on this track that I am still on. I was only two days out". (P 26)

For another participant when he went to his first meeting he met a person who he used to associate with and seeing the change in this person motivated him to continue with the process.

"I went to the AA meeting and the funny thing was a lad that I used to hang around with that was after disappearing, I did not know what happened to him, he was a state, he was a mess, and there he was looking all fresh in the meeting, he was telling me he was doing Thai boxing". (P16)

One participant states that going to meetings helps him to develop in life through the support from the other members in the 12 step meetings.

> *"It's like personal development, you develop as a person. I can honestly say that these meeting as developed me as a person, now I am accepting the honesty in my life*". (P20)

Research shows that AA affiliation can give the individual a sense of belonging which can increase an individual's sense of overall general social support which helps abstinence-specific self-efficacy (Stevens, 2015). There is also an important overlaps in how AA support can assist in desistance work. Violence was a significant element in the experience of most of the individuals in this study. As both victims and perpetrators of violence, managing the behaviour was seen as an essential element in their journey. Learning how to avoid violence, learning how to communicate without violence and learning how alternatives to violence were a key part of both recovery but also desistance. This approach had implications for managing existing relationships, but also managing behaviours in the future.

> *"I started to learn that I could not shout and roar, I could not be angry; I could not be losing my temper. I just went to meetings, and I got honest with myself and others*". (P39)

> *"you learn that you do not have to act with violence, you can talk or express your anger through words or talk instead of digging someone in the head*". (P 15)

This participant continues to explain that if he did not go into recovery he would have never learned how not to react to people without using violence, nor use violence to get what he wanted. It was while in recovery he was shown that this behaviour was not normal and he learned alternatives for interacting with people on a day to day basis. This had the effect of challenging the macho *tough man* attitude that was common place amongst the men in this study. Learning alternatives to violence, but also learning to not be provoked, to challenge notions of respect, disrespect and what that entails was all a part of the process of recovery and relatedly desistance.

> *"if someone disagree with yah, or someone insults you must confront them straight away, and that's the way it is, but when you come into recovery you learn that that is actual madness*".(P 15)

> "*I was challenged on everything up there, all my behaviours, I was challenged on it and I needed it because they were off the wall. Aggression, violence, not fighting but violent*

conduct, being aggressive towards someone, and coming into conflict all the time. When I came out of there then, say if someone today is disrespecting towards me, I would be very comfortable handling it vocally, or I would not get worked up to a point where I would. (P 15)

Crime, lifestyle and drug use is all enmeshed together for the participants in this study, you cannot understand one without the other. However, after being in recovery for some time, sometimes the participants did get tempted to go back to crime. Often this was due to the fact that they were accustomed to earning money through crime, and may also not yet have an alternative. However, this was a gateway back to active addiction, as the behaviours were so linked and there was little chance of doing one without the other.

"*That thinking that I could go back selling drugs, and stay clean, but again for myself, that thought pattern comes in I have to look at myself, I could be insecure about myself, fix it with money. Or if I am lonely, the thing of being wanted*". (P 12)

However, it is not just being insecure and feelings of loneliness that can tempt the participant's back to their old lifestyle. For some they miss the excitement of their past lives, they can find living in recovery quite boring. As this participant explains he was addicted to the lifestyle.

"*it was such a big part of my life, I struggle living normal… I miss the adventure. It used to be every weekend, every single day there was an argument, some sort of crime thing, I was addicted to the lifestyle more than anything, some days I would wake up and say I am not able for this today*". (P21)

Once the participant went into recovery it was very difficult for them not to be pulled back in by their friends and family's troubles. The initial motivation to *knife off* can weaken and contact can start up as the recovery process moves on. For the men in this study, their peers, treatment providers and support workers warned them of the dangers of getting involved in feuds and troubles which were associated to their life in active addiction. For example, one participant rang his friend out of concern after his house was attacked but ended up being pressured to get involved in a feud.

"I rang a fellow to see how he was getting on, because I heard his aunt's house was after getting petrol bombed, and straight away he wanted me to go on, we will have you back by 10 o clock, I was saying I can't, they still had a hold over me, I was saying I can't I am in treatment, I was saying that I can't with my court case". (P19)

It is no easy task for participants to pull away from family and friends who are feuding, as it can

be seen as a betrayal. This participant explains when friends tried to pull away from a feud, they would have been ostracised in their community, and violently attacked.

> *"I can remember lads that did step away and did not want anything to do with it, there were being called rats, sneaks, there were getting beatings, I would just fall in calling them rats*". (P19)

For the men in this study they often recognised that feuds between families' can continue from one generation to the next. Those who saw this were concerned for their own children, and were adamant they would break the cycle.

> *"but you have the next generation now growing up, and they are attacking my niece, my niece is a quiet girl. It's like what my brother is doing is having a ripple effect on my niece. So hopefully break the cycle with my kids. My kids are not going to be going out doing that; they are not going to look up to that"*. (P 8)

7.9. Identity survival and starting anew.

Looking at the past chapters you can see how the participant's masculinity and their identity linked to cultural and historic narratives of Hegemonic Masculinity (Messerschmidt, 2009), led to an almost inevitable engagement in addiction, violence and crime. However, maintaining that lifestyle was exhausting, both physically and emotionally, and the long term effects of this behaviour was detrimental to the health of the participants in this study. For the men in this study, the drugs, alcohol, the street fighting, the aggression, the risk taking – the way they were living, as they saw it, could only lead to prison or death. However, this was the only way of living that they knew from a very young age. For them there was no known alternative, to change they needed to relearn every aspect of their life, from their sense of identity, to their understanding of themselves, to their interaction with others. The sense of vulnerability that surrounded this change was significant. The lifestyle the men followed was their way of coping in an environment that valued macho behaviour, that valued aggression, that demanded respect and that dictated who and what was a *real man.* To let go of these behaviours, was essentially to become someone different, to detach oneself from everything that they known; but to maintain recovery the participants in this study learned that these behaviours were not what they needed in their new life and so had to learn everything from scratch.

"*They would be vulnerable, they are left on their own, that macho element comes away… I do not think I would survive, it's a survival skill, this is who I am do not take it away from me*". (P9)

Due to the years of drinking alcohol and taking drugs, the macho identity that these individuals prioritised began to fall apart because of the effects of long term substance use. The participants did not want to let go of this image, but had no other choice. They had become a laughing stock in their community, no longer capable of defending themselves, no longer respected, now merely a drug user, or a junkie to be pitied or ridiculed. So the very behaviours that they prioritised as macho, the behaviours they inherited to survive on the streets became the very behaviours that led to their destruction.

"*My identity was become more of a drunken fool than anything else. That womanizer, tough man that could earn a living was gone*". (P30)

While substance abuse was seen as an important part of the masculinity that the participants in this study valued, performing masculinity through substance use ultimately became impossible. As Lander et al (2014) point out alcohol and drug use significantly effects the ability of individuals to carry out the traditional markers of masculinity.

"*I can remember getting into a fight and being knocked to the floor and everything, and you would be saying this should not be happening to me*". (P8)

For a long time these participant were building up a reputation of being a hard man. Now because of the progression of their addiction, they were not able to look after themselves, and this was a failure of masculinity as far as they, and their community was concerned. This led to ridicule, and as Mullins (2006) points out, falling short of gender performance expectations is a ready excuse for isolation and insult. But failing to live up to gender expectations had an impact not only due to the public ridicule the men experienced, but also because being a tough man and a good fighter was a way for the participants to build their self-esteem. Not to have this image affect their mental well-being which left them in a very vulnerable place.

"*What would that mean to have people think that you were not a good fighter*"? (Graham)

"*My self-esteem would have been very low because of it, because I feel like, that's the area, that's the environment that I grow up in*". (P21)

"*I could not keep up the front anymore, I was bait from the alcohol and the drugs at the time*". (P 16)

For the men in this study, the loss of the ability to live up to a particular interpretation of masculinity served as a catalyst for change. This was both because the individual suffered existentially around their sense of self and identity, but also because performing masculinity had a very narrow meaning in their community, and not being able to live up to this ideal led to ridicule, abuse and isolation.

7.10. Recovery, identity shift and the public self

From the beginning of this research Hegemonic Masculinity (Messerschmidt, 2009), was a dominant force in the lives of the participants. Some participants found the performance of this masculinity difficult to detach themselves from, furthermore they found that their sense of identity was intimately linked to this performance. Further to this, there was a cultural and community element to their gender performance, and a failure to live up to the expectations around gender led to severe consequences for the individual, both in terms of the sense of self but also their physical safety. Beyond the current manifestations of masculinity and the interpretation of what is means to be a man for the individuals in this study, they spoke of the trans-generational transmission of these ideas and how they learnt this masculinity from their family, and from the older generations on the streets. The participants in this study point to their interpretation of masculinity as being a barrier to both recovery and desistance. This was the case because their sense of being a man wasn't conducive to introspection, change, humility, acceptance etc. But also because they knew of nothing else, and so had no other identity experience to draw upon in order to bring about change. The dominant mode of masculinity in the north side of Cork had such a hold on these men, serving to shape their lives that to attempt to change it was ultimately reconfiguring what it meant to be a man (Bendelow and Williams, 2005).

One site of on-going tension in the performance of masculinity that impeded the recovery journey was involvement in family and gang feuds. The participants talked about the pressure from family and friends to get involved in disputes and feuds. This was a difficult battle for the participants because some of them knew that if they got involved in the feuds there was a good chance that they would go back to other linked behaviours, and ultimately end up in active addiction. This was a struggle for some, as old feelings about being seen as weak and taken advantage of haunted the participants, and it was a struggle to overcome these fears.

As mentioned previously, being seen as a tough man was great for the participant's self- esteem. It was not until the men had to try and pull away from this behaviour that they realised how much they valued this way of being and behaving.

"*I did not realize how much I liked it the bravado thing till I came out of it*". (P 9)

The status of being a hard man stayed with some people while they were in recovery. It was so ingrained in their lives that they found it difficult to let go.

> "*I still have that persona around me, still have the loud mouth, fuck this fella, I don't give a fuck about that fella. Still had that attitude, or talk. I still would have the macho talk without the drink*". (P39)

As this participant explains it can be very difficult to let go of a behaviour that not only caused a lot of harm to your life, but also was used as a survived mechanism in the area he grow up.

> "*it was everything it was survival; it was the most important thing in my life. It was hard to let it go. It was hard to understand to let it go*". (P39)

Being in recovery can be hard for some, it is hard to not get caught up in the tough man image, acting this way and being around people who act this way can lead them back to their old life. This is all they have known for a long time, and to give it up can be very difficult.

> "*I can manage the drugs by myself but it's the other thing which is the problem*". (P 34)
>
> "*I can be pulled into that kind of life… it's been such a big part of my life, it is tough*". (P34)

Even while in recovery participant 21 finds it difficult not to retaliate towards people he was fighting with in the past.

> "*I find it hard to leave it, I used to lose so much sleep over this*". (P21)

For some, they still feel they need to keep onto some of the hard man image in case someone disrespects them in the future. They would like to be able to hold onto something so they can protect themselves. As seen previously, violence is used as a way to survive.

> "*It's gone to an extent that I am not out there throwing my weight around. But I would like to think I can keep onto some bit for some day that I might need it. When someone tries' it on with me again. I would like to think it is there to mind me. But not for any reason for me to do anything, not to make myself look bigger, for any bad reason*". (P31)

This participant is afraid to let it go, because this is what he had to use to survive in the situations he found himself in life.

> *"These things have kept bullies and people who wanted to get at me at bay, they kept me alive, I would be afraid to let it go, if I let it go someone might harm me, like the way I was when I was a child*". (P31)

For others they feel like they have to let go of the macho identity because that way of behaving leads to violence, interpersonal communication problems, a high likelihood of getting involved in gang activity on the streets and ultimately leads individuals to experience very negative emotions. The end point of this is often substance abuse.

> *"going back to old ways going around with old people…. it is the way they be talking the lingo, it will take you wright back there like, using again"*. (P 8)

Another participant was having a battle while in recovery not to go back to his old ways. His brother had been assaulted and he was experiencing pressure from his family to get involved in a feud. He recalls that he nearly drank alcohol that night because he was imagining himself going back to violence.

> "*my brother was hit. The panic and the fear on how do I stay sober and try and not get involved in it. The guards came, I nearly took a drink, I was 12 months sober… I was tormented*". (P 30)

For people in recovery, it is nearly impossible to live their old way of life and still stay sober. Being in recovery is all about change, and the extent of change needed is often underestimated. The participants mostly acknowledged that they could not live the old way and stay sober, once they start going back to their old ways they will drink alcohol or use drugs again however it often took many years and many relapses to realise this. Participant 8 distanced himself from his previous lifestyle and was in recovery for many years. When one of his family members was attacked, he had a battle with himself whether or not to retaliate. He was worried what others would think if he did not fight back, would people see him as weak. However, he did not retaliate and feels this was the right thing to do.

> "*my ego came back; I felt less than again, all that kind of stuff. I taught people were saying that they are weak again all that kind of stuff. I know today we done it the right way*". (P8)

However, getting to the point where an individual can detach themselves from living the *tough* life is a long and difficult journey. Stripping that way of doing masculinity left a void, and the participants in this study speak about a sense of loss. They mourn the loss of a self that they

valued, and that they know was valued in their community - they spoke about feeling worthless.

> "*You would not feel anything; you would not feel man enough. All that left straight away, all that was gone out of me. I felt like worthless*". (P26)

Others reflected on the sense of relief they experienced once they were able to let go of their *macho* selves. They spoke about not having to put up that *tough man* front, but also recognising the toxic impact of that gender performance on their well-being.

> "*I think it was easy for me to let go of that hard man image because it was all a front, I was never really a violent person*" (P32)

> "*And I know I will suffer from it. If I harm anyone I am the one who suffers mentally and emotionally I suffer from it*". (P 39)

The letting go of the macho tough man performance had another positive impact on the process of recovery and desistance. It allowed the individuals to externalise the cause of their behaviour to a culture and an identity that '*wasn't the real me'*. This detachment allowed individuals to construct a new identity and reflect on their new authentic self as part of a comprehensive move away from a troubled past.

> "*it was all a front, it was not the true me. That macho, the way I spoke, the way acted, the way I portrayed myself, the way I walk was a phony person, it was fake*". (P39)

This participant also states that he did not know any other way to behave than the tough man image. It was not till he went to AA, that the members showed him a different way to be a man.

> *"I was not like that, I was a nice person, but my intentions were all wrong. I thought all that macho, trouble, drinking, even though I had a partner and kids, I thought you did not grow out of that. I never matured from the day I took a drink at 15, that macho persona came onto me*". (P 39)

7.11. Maturity and the journey through recovery

Of significant relevance to the research on desistance is the literature on development across the lifespan (Farrington, 1995). Research shows us that there are developmental differences between adolescent and adults, which significantly affect the quality of decision making. There is also research which argues that these developmental differences do not suddenly stop at age 18, rather, the human brain and personal maturity continues into a person's mid- 20s (Prior et al, 2011; Luna, et

al., 2013). This of course has implications for the risk taking behaviour of young people particularly around substance use, but also involvement in crime more generally. The individuals in this study also question the impact that substance abuse from a young age had on their emotional and cognitive development. One participant stated that drinking and taking drugs 'stopped him from maturing'. He believes that it was not until he started to get recovery that he started to learn how to be an adult; he believes that he stopped maturing the day his addiction started. Once in recovery he feels that he went back to the age he was when he started his addiction and had to begin from there. For a lot of the participants they started using alcohol and drugs at a very young age.

The evidence for this is varied but psychoanalytic approaches support this interpretation of the *freezing* of development. According to Mortazavi et al (2012) a thirty-year old person who was dependant on drugs may perform like an adolescent in terms of emotional functioning because he may have been forced into adulthood before he experienced childhood. This however may also be related to experiences of trauma that are highly likely to have impacted upon the lives of the individuals in this study. Evidence from neuroscience points to the fact that cognitive changes can be measured based on alcohol use by adolescents. And while overall, changes in brain functioning in adolescents differ by substance use pattern, research shows that alcohol abuse during teenage year's results in impaired performance on memory tasks, attention, spatial skills, and executive functioning (Squeglia, Jacobus and Tapert, 2009). However less is known about the impact of substance use on complex social behaviours including identity formation and masculinity.

> *"since I came into recovery I am after being through a lot. I can remember I used to be smart in school, when I started drink and drugs it felt like I did not progressed as an adult, I stopped at that age. And then when I got clean I had to learn, its like being born again, I had to learn how to deal with life. I went back to the age where I picked up*". (P37)

For years people were trying to support this participant to get recovery. This participant feels that he was too young to *get* recovery.

> *"I know this way of life was for me it was something I was looking for. There was nun's priest, doctors everyone used to be making phone calls for me; I could not carry it out. Deep down I did not want to get clean and sober, at that time anyway, I was only young*". (P 27)

Participants spoke a lot about being immature when they were in active addiction. One participant explains that he did not start talking about how he was feeling untill he was much older.

> "*I never talked about my feelings to anyone till I got a bit older*". (P9)

As another participant states that he now knows the reasons for his addiction, and self-harm. It was not until he got much older that he started to learn the reason why he was doing these things.

> "*because I am getting older I can understand more, back 10 years ago I would not have understood why I was doing this, but now I know*". (P 13)

Another participant explains that he could see how much he had matured when he was in prison the last time. He was looking at the younger lads in prison, and he could see himself in their behaviour.

> "*There was definitely something different, I think I was a lot more mature, I was very juvenile those years in prison, very immature, this time I went in I was like a family man, I was grown up, I was looking at young fellows now in their 20s talking all the shit they were talking about, and I was [thinking] that is not me anymore*". (P17)

While in prison, this participant had time to look at his life and see where his life was going, one could say that being 40 years of age helped him to see where he was going. He also had the experience of multiple relapses, multiple attempts at recovery, multiple stays in prison and substantial therapeutic interventions.

> "*at 40, I know I was getting too old for that carry on. I took a good luck at myself while I was in there for the three months; I was able to analyse myself and my life, where it is at and where it was going*". (P13)

The individuals in this study point to maturity as a factor in their success, but also fatigue with the intense life they were leading. Importantly however, they also point to the effort they had to put to achieve sobriety.

> "*since I got out of prison I have seriously grown, I'm [still] having all these thoughts alright, they have calmed down, I can still fly off the handle, but it has not happened, and there is a reason for that*". (P 21)

A key reflection of the individuals in this study relates to the idea of *being a man.* The participants point out that there was a shift in their ideas on being a man and masculinity at some

point during their recovery/desistance. But not only did they have to be open to change, they had to fundamentally change their behaviour, being a man no longer involved violence and aggression.

> "*I got a bit mature in treatment, Age 26*". (P 27) "*After prison, 23 24, I am 26 now*". (P21)

"*What age where you when you stopped looking up to the men that were in trouble*"? (Graham)

> "*26 I was in treatment; I would have had clean time behind me. I got a bit mature in treatment*". (P27)

Importantly research by Spector-Mersel (2006) points to the influence of age and how we think about masculinities. Furthermore, they points out that different ways of doing masculinity are "bound to social clocks that ascribe different models of manhood to different periods in men's lives" (Spector-Mersel, 2006: 70). For some in this study, it took a few years in recovery for them to shift their idea of what it was to be a man. Participant 30 was in recovery for four years before his ideas changed. He was 22 when he first went into recovery. He was 26 when his ideas stated to change.

> "*About a year or two into sobriety, I kept all that negative stuff with me, I did not want to push that away yet. I still taught that was a part of my image you know. I found that very hard to push that away, it took about 2 or 3 years in sobriety, I left that behind you know*". (P8)

When the participants reflected on how they *inherited* their sense of masculinity they pointed to their experience in the home and on the streets. Often they had limited experience.

> "*I was never even shown how to shave by my old fella. So my perception of what it was to be a man changed throughout the years*". (P 24)

> "*My idea of a man was, the people I looked up to were the people on the street corners, people who could fight*". (P37)

What we can see here is that individuals who were now in recovery and surrounded by peers who maybe at one time lived a deviant lifestyle but changed once they came into recovery. For the new person coming into recovery it helped them to see others living a different way of life. This new way of being a man became an attractive option for these new people in recovery as they are eager to learn way to develop and mature. They were surrounded by older people, and people who were not involved in criminal behaviour. These individuals learned a new way of life with

different values from what they were used to. Instead of being a tough man, the men in recovery were more concerned with living life differently. When I asked them what it means to be a man today, the majority of the participants stated that it was about providing for their family and giving back to society.

> "*Someone who gets up in the morning, goes to work and earns a living for himself, through honest means, I know now that it is a hardest thing in the world to do, is to live honest, life is hard, and if you can get up in the morning and go about your day and not cause any harm to no one provide for your girlfriend, your wife you kids, that is what a real man does*". (P15)

7.12. Ideals of masculinity

Desistance literature emphasises the need to change ones pattern of living, and like the experiences of the men in this study, ultimately desisters need to learn how to live differently. Giordano (2002) argues that any change must be via a thoroughly social mechanism. Importantly he points out those social experiences "foster new definitions of the situation…and a blueprint for how to succeed as a changed individual" (Giordano et al, 2002: 1106). The engagement of the men in this study with peers in recovery, and especially their modelling of new options for masculinity were powerful mechanisms for change for the participants.

For the men it was not as simple as just coming into recovery and following what others are doing and getting to recovery. It can be very tough at the beginning going into recovery. A lot has happened before they ended up or wanted to go into recovery. All they have known is the lifestyle that they lived, now they have to give up this lifestyle and start a new one. The participants in this study had to learn a whole new way of living.

> "*My mind is stuck in limbo, I am very depressed, it's like I failed at that, it's like you are being born again*". (P34)

"What did you fail at"? (Graham)

> "*It's not that I failed, your ideas of the whole way you grow up, is wrong, now you have to be reborn into this other life. You know nothing really about it, it's like you are 30 years of age, and it's like where the fuck are you kind of thing*". (P34)

For others a key motive for change involved parenthood. Becoming a father provoked them to consider their ideas about what it meant to be a man. This was their hook for change (Giordano

et al, 2002)

> *"Reason enough, the last 2 years, when I was 28. It's not just me anymore, I am a dad now*". (P34)
>
> "*26, and if I did not have the child I would not be here. I would be dead or in prison. Having the child was a massive change*". (P33)

7.13. Support, social networks and new connections.

Outside of the support the participants received from family and friends to achieve recovery. The chart below shows the supports each participant received to help them to reach recovery. As you can see from below all of the participants accessed support in their community.

participant	Supports Accessed
P 8	AA, CCT, PS, TL
P9	AA,
P 10	AA, CAC
P 12	NA, CM
P 13	CAC, AA
P 14	CAC, AA, CCT, TL
P 15	NB, NA, CAC, SFF
P 16	CCT, AA
P 17	CCT, AA, CAC
P 18	AA
P 19	NA, CCT, SH
P 20	NA, CAC, AH
P21	CAC, AA, TL
P 23	AA,
P 24	NA, CCT, CAC
P 25	NA
P 26	NA, CAC, FI
P27	AA
P 28	NB, AA, CAC
P 29	CCT, AA, NA, AH.
P 30	AA
P 31	AA, C, CAC
P 32	NA, CAC
P 33	SH, AA,
P 34	CCT,AA, NA
P 35	AA
P 36	AA, CAC, CCT, TL
P 37	AA, NA,CLDTF
P 39	AA
P 40	AA, CCT, NA,

Key

AA - Alcoholics Anonymous

NA - Narcotics Anonymous

CAC - Cork Alliance Centre

CCT - Churchfield Community Trust

CLDTF- Cork Local Drugs Task Force

FI – Focus Ireland

PS – Probation Service

NB – Nuns Blarney

SH – Sober House

AH – Arber House

TL - Tabor Lodge

SFF- St Frances Farm

CM- Coolmine

Figure 3 Details of support accessed

Another theme that emerged from the data in this research was the issue of support that the participants received to help them on their journey to recovery and desistance. Participants stated that they would not be in recovery if it was not for the support from the services operating both inside and outside of prison. Participants spoke about the many services that supported them to make the changes they needed to turn their lives around. When thing were really bad in their lives, they went for support to ease the pressure their addiction issues were causing in their lives. This support helped them along their journey and was there for them throughout the hardships and relapses. In this study 100% of the participants accessed support services on their journey, and all but one accessed multiple services.

Many participants spoke about the support they received while in prison. One participant spoke about the benefits of talking to a counsellor in the prison, which he felt helped him to get things off his chest. It took this participant a while to open up to his counsellor while in prison, but ultimately he found it very beneficial to be able to open up to someone about his struggles.

> "*But then I kept going to her, and 4 months into that counselling towards the end the screw would have to knock on the door to go back, she would only be after saying two words, I would be after getting everything off my chest that was when I started to realize things were working, just talking*" (P 26)

However, not all of the participants found the support positive while in prison.

> "*There were useless, going up to yah one she was not doing anything and saying we will see you next week… it was bullshit really*". (P12)

While another participant explains that during his last prison sentence he was much older, and he was in a terrible state with his mental health and addiction problems. He states that he reached out for help, and because of the state he was in, he got the supports that he needed.

> "*that was the only sentence I got since 2013, in a way it was good for me because my head was messed up, and I got the help I needed while I was up there, which is not a bad thing*". (P13)

While another individual got involved in a lot of services and education and support groups within the prison gave him the strength to continue a life without crime and addiction when he was released from prison.

> "*So what I did was I got myself involved in AA, education, getting well, getting psychologist, getting a drug counsellor, getting into all the personal development groups as I could, learning as much as I could about alcoholism, got a sponsor, worked on all that stuff*". (P31)

With some of the other participants even though they were involved in the support services available to them in the prison, once released things reverted to a cycle of crime, declining mental health, prison and treatment.

> "*You come out the gate for about three hours and ……You are back doing the same thing*". (P17)

While many of the participants in this study are quite positive about the support that they received in prison and upon release, the issue seems not to be just the availability of support. On the one hand there are weaknesses in the system (e.g. homelessness is a significant issue, especially for those without a positive home environment to go back to) and the services are predictably underfunded, but another issue is readiness to receive support. The men talk about being *ready* for recovery, usually related to maturity, hitting rock bottom and seeing no alternative but death. But importantly, they acknowledge that having been through the system, they know where the supports are, they know how to access them, and so when they are ready, they can engage.

As mentioned, it can be very difficult for people to desist from crime or recover from addiction especially moving back to the same environment where friends and family are still using and involved in crime. This participant explains that by using the supports in his community, he was able to manage his recovery and unusually, still live in the area he grew up.

> "*every time before I taught I could not get clean in Cork, but this time I wanted to go home. I want to get clean at home. I moved into my aunties house rented it off her, stayed in my mams for a couple of weeks to ground myself, went to meetings, Churchfield, counselling, football, just trying to do things*". (P24)

Others recall the multiple interventions they received at a young age, with little success.

> "*I was in Arbour house when I was 15, I did not last there, then I was in a probation hostel in Waterford, did not last there. Then I got sentenced to a juvenile treatment centre*". (P24)

It can be quite common for people in active addiction to blame others and not look at themselves for the devastation their lives are in. One participant explains that when things get too bad and you are ready to do something about your life, it is not till then that you realise what support is really out there, because you are asking for help and taking it.

> "*A fellow said last week, there is fuck all there, no matter what people say, it might be the week after or the week after, but some day it might just hit him, it is just when they are ready, it's when anybody is ready. Does the rehabilitation start then, I do not know how it goes, steps that you take, you have to take action*". (P14)

Another participant talks about how his supports started while he was in prison and continued once he was released. Even though there was a lot of support in place, he still had to do a lot of the work

himself. The combination of support and his own willingness to achieve recovery has helped him to turn his life around.

> *"I'm still linked in with them today, for what they have done for me today; I could not thank them enough. In the end once they could see I wanted to make a change they went above and beyond and went out of their way. I always say it to people, about services, to take them because, you know what they are free, and it's to help you. No I got this for free, but it was a lot of work, looking at it today, it was worth it. I would not change anything; it has made me out to be the person I am today*". (P26)

While individuals speak about achieving recovery and desistance, there is a legacy to the lifestyle that the individuals in this study talk about. While the longer someone is in recovery, the more stable they become, getting there is difficult and there is a *fall out* from a life of substance abuse and crime.

Feelings of fear and anxiety were widely reported by the participants in this study. They talk about the emotional roller-coaster that is the first year of sobriety. In fact the men in this project reflect that for many years into sobriety they still suffer anxiety.

> "*I suffer from anxiety still; I feel that was bred out of drinking and drugging. That's what I am left with*". (P23)

> *"I was full of fear and anxiety, just moving back here, this was where I done all my using in this house. There was a lot of people in the area I was after ripping off, a lot I was fighting with. In my thinking I still had to walk down the road, I would not walk down the road, but when I had to walk down the road I would run down the road, in case I would bump into anybody, full of fear and anxiety, watching over my shoulder*". (P37)

A lot of the struggles for the first year can be down to people trying to become honest. Years of living dishonestly do not disappear and importantly, while an individual believes and feels the changes they have made, for those they victimised, it is a more difficult process.

This participant states that it took him about two years in recovery for his anxiety to decrease. He still can get bouts of anxiety if he is walking around his community, especially when meeting people he used with and people he had harmed when in active addiction.

"Sometimes I am still not comfortable walking around my own area, a lot of memories, and then you are bumping into people you used to be with or people you have done harm to, people from that might not have liked you". (P15)

The longer this individual was in recovery the less support they needed to function, and the less they experienced negative emotions.

"I'm working, I get on well with my colleagues, I'm starting to recover physically, I have great relationships with my family and building relationships with my kids.

From the start of their journey most of the participant just wanted a bit of peace in their heads. …..[the] aim was to have some peace of mind". (P17)

"*I just want a bit of peace and happiness*". P10

7.14. A new self-perception, a new identity and talking it out.

Another theme that was previously noted in this study was the benefit of talking to someone about the problems in one's life. Some of the participants found it difficult to talk to someone about how there were feeling. They learned at a very young age, that talking and showing your emotions was a sign of weakness, and if you show weakness people will take advantage of you. So instead of talking about what was going on for them, the participants in this study used substances to help deal with these emotions. As the years went by their substance use was no longer helping them to deal with their emotions, but making matters worse. The participants would try and isolate from life but would go back to their old way because they were trying to deal with problems on their own. The participants learnt that talking to another person helped them not to keep things bottled up inside. Once they did not go back to active addiction and continued to access support that gave them the space to talk about what was going on for them, this helped the participants in this study to be able to move on and lead a productive life. According to Pinheiro (2006) support can be a protective element which can help break the cycle of addiction and crime. As well as having someone to talk to, the participants in this study also need support around getting somewhere to live. Many were homeless because of their lifestyle in active addiction. It can be very difficult for people to get clean and sober from their addiction problems if they are living in the streets or in hostels where most people staying there are in active addiction. By getting support around housing the participants were able to progress in their recovery and move on in their lives.

However a large part of this involved talking to someone and telling them what was going on for them. As this participant explains he could feel the benefit of talking to someone when his body

relaxed after talking to them. Once he felt the benefit of talking to someone he wanted to continue talking about the problems he was having in his life. The participants attributes this support to helping him deal with thoughts of suicide.

> *"If I can get over this thing about expressing my feelings to someone, and then I'll go from there, and I did, I was able to talk about what was going on inside my head, the tightness in my chest was going, so I felt I want more of that, I need more of it, and 4 years on down the line I am doing well, but I did literally pull myself out of the gutter, as I said I did not care if I lived or died*". (P13)

Being able to talk to someone can be very difficult for some men to do, as for some this is considered a sign of weakness, and it certainly does not map onto their idea of their preferred masculinity.

"Do you think you would be seen as weak if you took support or *counselling*"? (Graham)

> "*Yah, I would be weak number one*". (P36)

As one participant explains that when he was trying to do things by himself and not ask for help, he ended up very lonely and isolated. But once he asked for help and received it, it gave him the ability to move on with his life.

> *"But I asked for help, that was my thing self-sufficiency, I had to give up this idea that I could be self-sufficient, because it leads to loneliness, I developed a will to live which I lost*". (P16)

Participants also explained that as their mental health got worse, their solution was to isolate themselves and stay indoors. This was the only way they knew to avoid substance use, however, this was not a realistic way to get and stay sober. The more they isolated themselves the worse their mental health became, which ultimately led to them using as a means of self-medicating.

> "*You can't stay in home like. You just go back out gathing [drinking] again*". (P5)

Shapland and Bottoms, (2011), point out that isolation as a means to achieve desistance served only to lead to a limited and disadvantaged life. Support was essential, as was a sense of belonging, a social identity and a network of friends.

As discussed earlier, traumatic events, particularly in childhood, have a severe impact on the victim.

It is associated with an increased likelihood of engaging in violence, suffering substance abuse, being incarcerated and mental ill health. In this study 72% of the men experienced adverse child experiences, and only after years of therapy did they realise the impact it had on their lives. Participant 31 explains how his past traumatic life experiences have affected him, and how years of therapy has helped him come around and start dealing with what happened.

> *"From the abuse I suffered at home from my mother that really affected me in a sense that I really lost compassion for human beings. I only know all this now, because I am learning in the last couple of years. I am in therapy for the last 5 years"*. (P31)

For some they got a chance to be a father in recovery, which gave them a whole new way of living. According to Sampson's and Laub (1993) crime and deviance are most likely to occur when social bonds are attenuated or dissolved. But for this participant he needed to get clean and sober first before he could start a relationships, or employment, because while in addiction, the participants in this study were unemployable, and emotional incapable of forming a true romantic relationship, due to the seriousness of their addiction.

> *"I have a 5 years old child. I am there all the time from day one for my daughter, it brilliant, it's a whole new way of living for me today. I am 11 years around I am 46*".

7.15. Post recovery

Having come through the other side, and after turning their lives around, some of the participants in this study once in recovery would try and help others who are still in active addiction. This mirrors the findings of Maruna (2001) who found that people on the desistance journey would try and give something back to others as a display of gratitude for what they have achieved. Giving back showed others and themselves that they are good people. While attending 12 step meetings the participants were able to help others in their community to get recovery. As for some in this research it was friends and family who they once used with were the ones who helped them get into recovery. This action of helping others gave the participant a good feeling about themselves which helped take away their negative thoughts about themselves and their low self-esteem. This correlates with Marsh (2011) who found that a 12 step programme, can signalled to society that the individual had changed their ways, and also it kept up their motivation to continue on their recovery. This is very important for the individuals' identity change, as they are going from a person who took from society while in active addiction, to a person who is giving back to society while in recovery.

> *"I have another two friends now that I would be trying to help them more than anything, I grow up with them in the past*". (P8)

Wanted to give back and help others get what they have received comes from the support that they have received from others to get to where they are today.

> "*I want to pass that onto other people's lives*". (P21)

Another benefit for the participants when helping someone else to get recovery is that it stops them from looking at themselves. Helping others prevents them from looking at their past and present troubles. By being there for another person who is in trouble, the participants are able to forget about their own troubles which give them a break and some peace of mind around what was going on in their own lives.

> *"I am not drinking I am not using, I go to AA, I do a bit of service, I get involved, I would help an alcoholic, I would help anyone. I suppose looking inwards can be frightening because my past was a lot, I do be worried about that, but I do be talking about it, I talk about it like, I have to do something about it like, if I want to stay out of prison, if*
>
> *I want to make a life for myself, if I want to get on with it, but I also know is that all I have is today also.*" (P 10)

As participant 25 explains since he was in addiction he had no confidence, but since he came into recovery he was able to accomplish lots of things in the three years he is sober.

> *"Life has been good in general, I accomplished more in the last three years than I did in my whole life. I went to college, Fetac level 5, I was thrown out of two schools, no leaving cert, I had no confidence in myself. I got a distinction. I got a car I started driving I was off the road for drunk driving. I am back working, I play sport, I always had the interest in boxing, but never had the confidence to do it because I was fucked. I've had three boxing fights, and I have an MMA fight coming up. I am after doing loads of stuff for charity, marathons, bungee jumps, Ocean to City races, life has just progressed tenfold*". (P25)

As another participant states that he has settled down in recovery, he is not out looking for different partners every few weeks. Being with different partners every couple of weeks can be another way to prove your masculinity,

"The place I have been, I am after being on a plane 16 times the last two years, going to lovely places, I'm getting married, I would never think of these things, married what the fuck would I want to get married for. I wanted to be single, and going on with a different girl every few weeks. It might be nice to look at another woman, buts it is not for me. I am after finding the right person". (P26)

Participant also talk about how they can deal with challenging things today and do not have to use or drink alcohol to deal with what is going on in their lives. By having lots of support in his life this participant can deal with his mother's illness without the use of drugs.

"I probably went through my most challenging time in my life in the last 12 months. My mother was diagnosed with cancer, I suppose with the help of a power greater than myself members, sponsors and general counsellors, I got through the last 12 months, recovery has giving me the ability to be there for my mother, and give back to her. I do believe I was meant to be clean for this time of my life, because if I was not I would be more worried what was going to happen to me, or what will happen to me, I do not believe I would get through it if I was using, it was the most testing time, I had to do a lot of work on myself, personal development, counselling, attending meetings, I done a lot of work on myself and it is standing to me today, to go through what I am going through and not wanting to use". (P32)

For some the longer they are in recovery the better their lives are getting.

"What's after happening since then, work college, job, baby on the way, happy with my partner, family are progressing, I see them changing, things are good now". (P24)

"*I never had a job interview, but I am after having two interviews in the last couple of weeks. One of them I might be getting, I am trying to build a structure, I am in the middle of getting an education, looking for work, looking for an apartment, set up a whole structure, meets, my child a couple of nights a week. College 3 nights work two days"*. (P33)

The participants become stronger in their recovery and were able to deal with situations, that if they happened at the start of their recovery journey they would have released.

"*But when you get a few years in recovery you don't feed into it, you know the reality. I would be very comfortable now in my recovery, I am comfortable, I done an NA chair*

recently in the Simon with people goofing off from heroin, I would not be tempted at all, and they had needles hanging out of their pockets, it does not bother me (P15).

8. Theory

8.1. Achieving peace of mind: a theory on recovery and desistance from crime.

This study has demonstrated that desistance is a process that very often incorporates recovery from addiction, and avoidance of behaviours associated with hegemonic masculinity. This learning journey away from addiction and other problematic/linked behaviours is scaffolded by interacting with a recovery focused peer group. A vital element of this experience is learning a new, more positive way of doing masculinity, and a resilience regarding the acceptable ways to *be* a man; this forms the basis of an adapted identity that in a circular way sustains recovery, *living a good life, and achieving peace of mind.* A key element in achieving recovery and relatedly desistance is a commitment to the entirety of the process – this includes drug/alcohol misuse, crime, deviance, honesty in interpersonal relationships, and eventually becoming a contributing member of society.

8.2. Reconstructing masculinity

Doing desistance is a complex process that involves every aspect of an individual's personal and social identity. In addition to this, recovery features as a key component of all of the individuals in this study. Linking the process of recovery and the identity dynamics of the men who participated in this research, is the issue of masculinity. Societal expectations of masculinity as interpreted by the men, and relatedly the act of *doing* masculinity acted as a barrier to both recovery and desistance. This study has demonstrated that for the men to succeed in recovery and desistance they need to restructure and reimagine their masculinity, and in doing so reform their linked behaviours through peer support and modelling positive behaviour.

8.3. Doing Masculinity

For the men who participated in this research, doing masculinity (Messerschmidt, 1993) was based on the historic and current social norms within their own community. These social norms informed self-perceptions of what *it meant to be a man* and how to *do masculinity.* Relying on these very local social norms helped with self confidence and self-esteem as oftentimes for these men, other traditional norms, such as education and employment were not available or easily accessed. The behaviours linked to these social norms were also a survival mechanism, as being seen as a tough man through performative masculinity, and oftentimes as a result being seen capable of inflicting violence prevented the person from being targeted within their community.

Addiction, violence and crime were all part of the masculinity valued by the men in this study, but ultimately it caused significant personal and social problems. Mental health issues, unemployment, parenting issues, interpersonal problem and physical health issues were common place – however ultimately these issues were the ones that participants felt *forced* them to address their addiction. Entering recovery as a means to address what had become a very dark period in their lives was the start of the process of a journey that often times had multiple setbacks and restarts. However, this is the norm, not the exception, and failure was very much a part of all of these men's stories.

As mentioned, achieving ultimate success involved a commitment to all elements of recovery, and in this study, the men struggled to let go of certain behaviours, especially those interpreted as being ego-linked and a part of a valued masculine identity. It is important to note that the men's identity was seen as serving a positive purpose in their lives however, by holding onto the problematic identity the related behaviours caused the men to retreat back to their old ways, which often-times involved regression into active addiction. The multiple times that this occurred was referred to as *rock bottom,* but there could be many *rock bottoms.* For the men in this study, success was achieved by the incremental commitment to *all* aspects of recovery. Once the men learned what their problem behaviours actually were and that they had to let go of *all behaviours* that were associated with their life of active addiction and crime - and committed to this process - success was more likely.

The role of the peer group was vital in the recovery experiences of the individuals in this study. The peer group took many forms. In some cases it was local men who had been through recovery and could model a new identity and behaviours yet understand the social pressures that the participants had to contend with. In other cases the peer group was made up of individuals who were active in recovery groups (regardless of ideology). This new group of friends and supporters bridged the gap between the time at which participates had to *knife off* from friends and family to a time when the men could selectively choose who from their past life they could and wanted to reengage with. Achieving the resilience to cope with re-engagement at whatever level was vital for the men to ensure a meaningful life without loneliness or isolation.

For the men in this research the need to reconstruct their masculinity was vital for them to reach their goal of peace of mind. Desistance was as much about restructuring their identity as it was about recovery. The men learned from a very young age, from family and peers in their community, the behavioural expectations and expressions which were expected, yet represented a very toxic yet functional form of masculinity. For the men the impact of this lifestyle was almost inevitably a spiral into addiction and all that entailed. Importantly the experience of the participants in this

project pointed to addiction as the primary process that dictated their behaviour and lifestyle overall; crime was perceived by the men as a consequence of addiction. However, it is important to note that for these men, crime and offending often preceded the substance abuse, in fact the individuals in this study very often engaged in criminality long before they began abusing alcohol and illicit drugs. So it is important to recognise the importance of a recovery or redemptive script in this personal history. However what did precede the substance abuse and indeed the criminality was the hegemonic masculinity that marked their family life experience and their community norms.

In addition to this toxic form of masculinity, the experience of trauma was a feature of all of the men's young lives; deprivation, abuse, the witnessing of violence in the home were all routine experiences for these men. Along with trauma and the impact of a hegemonic masculinity, it is important to note that the men in this study engaged in crime and deviance as part of a group activity, in their local environment and described it as a rite of passage. The behaviour they engaged in was the norm in their locale. Poverty is also a part of this story as some of the men tell about stealing to satisfy their hunger. This way of living (crime, masculinity, substance abuse) became a working identity for the men.

Giordano (2002) in his work on desistance argues that any change must be via a thoroughly social mechanism. Importantly he points out that social experiences "foster new definitions of the situation…and a blueprint for how to succeed as a changed individual" (Giordano et al, 2002: 1106). The engagement of the men in this study with peers in recovery, and especially their modelling of new options for masculinity were powerful mechanisms for change for the participants.

The sense of belonging to a new social group and a new a social identity was vital for the men in this study, it lessened the loneliness and isolation they inevitably experienced. This new in-group also helped in creating distance between the participants and their former friends and family, but also built their resilience to re-engage with family and friends on either a superficial or meaningful level. By having a new identity reference, they were more clearly able to identify who they no longer were and the social bonds built as part of their recovery also served to deter the individuals from re-offending.

9. Conclusion

9.1 In summary

The academic literature on desistance and recovery from addiction are predominantly separate entities. Recently some authors have used frameworks (e.g. Social Identity Theory) to analyse both processes, while other researchers (from the addiction studies field) have pointed to the possibility that the processes are themselves interrelated. Importantly, within the literature that does attend to both desistance and recovery, the processes are presented as related, but this relationships is constructed as hierarchical; desistance is subordinate to recovery (Best, et al 2017). Importantly, given that over the past number of years in criminological research there has been a focus on the variance between populations who are seeking to desist (e.g. sex offenders, terrorist actors, drug/alcohol users), this has implications for how we might think about the *relationship* between addiction and desistance (see McAlinden, Farmer and Maruna, 2017). Crucially, this brings about the question if in fact desistance and recovery are potentially part of the same process in certain circumstances for certain populations, and if in fact different populations experience or process desistance differently.

The accounts of the men who participated in this research provide an in-depth insight into the interrelatedness of the processes of desistance and recovery for a population who's offending is linked to substance abuse. In fact, based on the data that informed the analysis for this project, there is an argument to be made that desistance could be conceived of as a side effect of recovery.

However, as might be expected there is not a linear relationship between offending and addiction, in fact for many of the participants in this study, offending preceded addiction.

Related to this, a key finding of this study was the overarching impact of culturally and historically informed identity heritage on the men's lifestyle. A key part of this lifestyle was the influence of a Hegemonic Masculinity (Connell, 2005) that valued risk taking, substance abuse, violence, aggression, macho displays of behaviour, and a toughness characterised by avoiding displays of weakness, devaluing education and supporting a hierarchy based on these qualities; crime and deviance were also prominent in this lifestyle. The impact of this lifestyle for the men in this study was almost inevitably a spiral into addiction and all that entailed. Importantly the experience of the participants in this project pointed to addiction as the primary process that dictated their behaviour and lifestyle overall. However, it is important to note that for these men, crime and offending did not *precede* the substance abuse, in fact the individuals in this study

very often engaged in criminality long before they began abusing alcohol and illicit drugs. However what did *precede* the substance abuse and indeed the criminality was the Hegemonic Masculinity that marked their family life experience and their community norms. In addition to this toxic form of masculinity, the experience of trauma was a feature of all of the men's young lives; deprivation, abuse, the witnessing of violence in the home were all routine experiences for these men. Along with trauma and the impact of a Hegemonic Masculinity, it is important to note that the men in this study engaged in crime and deviance in as part of a group activity, in their local environment and described it as a *rite of passage*. The behaviour they engaged in was the norm in their locale, it was *what everyone else was doing*. Poverty is also a part of this story as witnessed in the stories some of the men tell about stealing to satiate their hunger, or stealing the toys they would never get as gifts at Christmas.

However for the men in this study, the men who ended up with multiple convictions, multiple imprisonments and experienced addiction over a prolonged period of time, they were the ones who never progressed past the risk taking behaviours of adolescence. They internalised the norms influenced by the social and cultural expectations they grew up with and for these men, those norms became a guide for life beyond childhood and adolescence. The group or the gang was the key, and arguable the only social identity influencer and this had a profound effect on how they saw themselves and how they behaved.

For the men in this study, while their lifestyle reflected the norm for their area, it was also inherited from their family and friends and for the participants in this study it served an almost evolutionary role – they believed that they had to conform to these norms in order to survive. They believed (often justifiably so) that to display weakness and to avoid physical violence would lead to them experiencing abuse and being perceived as being weak.

With this lifestyle inevitably came alcohol abuse and drug taking, in fact substance abuse was an *expected* part of the performance of masculinity for these men. This abuse started in early adolescence and deteriorated as the men aged. Initially, the men describe the substance abuse as part of subscribing to the expected macho behaviour, and even as what they see as normal teenage risk taking behaviour. However, the age at which this risk taking began was often in the *pre-teenage* years. Inevitable they men in this study describe their progression from alcohol, to marijuana, to pills, to heroin, and tried everything in-between. They document their spells of active addiction and temporary desistance, their spells in prison and their time in employment, but inescapably, addiction won out, and the men degenerated into active addiction, overdose,

psychological and physical ill health and suicide attempts. As this chaotic lifestyle progressed so too did their criminal activity. The men describe being violent whilst on drugs or under the influence of alcohol and committing crimes in order to fund their addiction, they recall that once they degenerated into chronic addiction their offending was entirely and directly influenced by their substance abuse.

The men in this study have varied criminal careers, some have repeat incarcerations for the same type of crime, others experimented with a range of offences. However, what they all point to, is the relationship between addiction and offending. At the beginning of their criminal careers, the men spoke about thrill seeking, peer pressure, boredom, and depravation as being relevant to their offending; they linked their offending to the culture they were brought up in, their sense of masculinity, deprivation, trauma and group activity. As the participants aged, and as they entered active addiction, the criminal activity became directly linked to the addiction, either in support of their addiction or as a result of their addiction (e.g violence whilst under the influence). As they descended further into active addiction, the offending became more chaotic, often occurring during bouts of severe intoxication. As the men fell deeper and deeper into the trap of addiction, their mental health deteriorated further, their relationships ended, their friends abandoned them, they were ridiculed in their community, their physical health suffered and they inevitably contemplated and in many cases attempted suicide. Once they reached this point, the participants talk about being out of options, it was death or recovery – they couldn't continue as they were. They spoke about being physically and mentally tortured, and they referred to *seeking peace of mind* as the motivator for change.

This descent into *rock bottom* as a motivator for change as the men describe it is at odds with some frameworks from the desistance literature. For example approaches that advocate an explanatory frame based on a cost benefit analysis (Farrell, et al 2005) as influencing the decision to end participation in crime. Related to this is the notion of *avoiding* a feared self (Paternoster, et al 2009) – an imagined future self. Furthermore the phenomena of *hooks for change* (Giordano, 2002) is influential in how we think about desistance but not necessary useful in this study. Hooks for change are opportunities for change that *inspire* individuals to attempt to desist from offending. However, these approaches make a fundamental assumption about the individuals who are the subject of the analyses – that assumption is that they actively and positively *choose* a path away from crime. Whether the choices hinges on a rational choice assessment of their life, or an avoidance of a negative future – this approach assumes agency in that decision. However, what we discovered in this study was that for the men, their perception of how they chose

desistance/recovery was due to the absence of choice, the absence of options that then forced them to consider changing their lifestyle. Facing death, the individuals were in a zero sum scenario – one or the other – recovery or overdose/suicide; at certain times the men in this study choose attempted suicide, but thankfully at some point they eventually chose recovery. What was highly relevant for the men in this study was the influence of individuals who had successfully recovered from addiction and were seen to be living a stable and meaningful life. This became relevant when the men entered treatment or were in the process of treatment as it gave them hope that they too could achieve success. This was particularly the case when those individuals who succeeded were from the same area and had the same life experiences as they had. However, the men do emphasise, that making the decision to enter recovery, was very much inspired by an avoidance of death – they do not recall any other motive at the time.

Importantly, for the men in this study, the point at which they entertained the option of change, was the point at which they chose to seek recovery. Offending had little if anything to do with that decision, ultimately the men sough what they describe as peace of mind, they were tortured by their addiction and personal peace was their focus. They understood their situation to be entirely tied to addiction, they saw recovery as the only way out, and they believed every other issue they were dealing with would improve as they recovered. In addiction, unlike desistance frameworks that focus on pro-social behaviour (Laub and Sampson 2003) and the communal benefit of an individual stopping offending (Shapland and Bottoms, 2011), in this case of addiction, the focus is on the individual and their physical and mental well-being. While the men in this study do recall having a future orientated outlook regarding their recovery in terms of avoidance of death, the motive around the time they initially sought treatment was very much relief from the here and now consequences of addiction. In addition, the focus was internal, there was little reflection beyond on their own experience at the time.

As the individuals in this study progressed in their recovery, the issue of family, friends and support networks became relevant. A testament to the influence of a Hegemonic Masculinity and street culture on the behaviour of the men in this study, in the early phase of recovery, they needed to isolate themselves from the friends, and often their family primarily in-order to avoid individuals who were engaging substance abuse but also criminality. The temptation to use drugs and the peer pressure to use drugs was unmanageable around old friends and acquaintances. However, in this study, it was not merely the substance abuse or offending that were the only problematic behaviours that the men sought to stay away from. The men talk about trying to live an honest life, and how that any deviation into activities that ran counter to this approach would put them

at risk. The men spoke about how the cultural interpretation of masculinity that they would experience amongst old friends and families was directly in opposition to the process of recovery they were attempting to embrace. For example, selling drugs but not using drugs was a gateway or linked activity that was problematic, *hanging around* or being idle (not necessarily committing crime) was problematic, short term relationships with women were problematic, socialising in the city centre was problematic. So for the men, they saw the linked behaviours, or those behaviours supported by a Hegemonic Masculinity as risky for their recovery.

While in recovery some of the participants were not willing to let go of all of the behaviours that there were so used to doing. Say for instance, heroin addiction was the reasons why the participant's lifestyle was out of control. While attending 12 step meetings, linking in with support within their community, attending treatment services, some decided that they would not use heroin, but they might continue smoking cannabis or alcohol. However, for the men in this study, they reflected that they had little tolerance for *gateway* behaviours and for them substance abuse of any form was risky – inevitably it led them back to active addiction, and they would find themselves once again at rock bottom.

This avoidance of friends and family is a key facet of the framework described by Maruna, and Roy (2007) referred to as knifing off, whereby the power of the group, or of key individuals to derail attempts at desistance must be avoided by isolating oneself from those individuals and situations. For some the group dynamics are so powerful that they have to completely withdraw from any engagement with family and friends in order to have a chance at recovery and relatedly desistance from crime.

This process of knifing off (Maruna, and Roy (2007) is central to the process of recovery as described in this study. The men recognise the negative effect certain individuals and place have on their behaviour, and realise that need to remove that from their life. This is an important part of the change process, but it is the first step in what ultimately becomes the rejection of the social identity that influenced the men's behaviour for so long. However, this is a catch 22 situation - for the men in this study. Avoidance of friends and family left them isolated, alone and vulnerable in a very unstable period in their recovery. Without a *replacement* social group- without that reference group upon which to build their new social identity through interpersonal interaction- the individuals could never progress to ultimately achieving a new identity compatible with sobriety and non-criminality. Much of the literature points to the importance of relationships for desistance (McAlinden, Farmer and Maruna, 2017) however, for the men in this study, they were more

likely to need *new* relationships in order to progress rather than being able to rely on existing friendships. So this period of knifing off became especially risky for men with no social resilience based on an existing support networks. In these circumstances, circumstances in which the vast majority of the men in this study found themselves, the role of recovery groups (e.g. 12 step meetings, NA meetings, sponsor programmes) were vital. These groups served a multitude of purposes, and by default they served the purpose of achieving desistance for the men in this study. The groups served as new friendship networks, they served to model appropriate behaviour, they offered a new social identity, and they gave structure and meaning to their day.

But it was not all negative within their community, some of the participants stated that they would see friends, family and people they would have spent time in prison, who were now in recovery and making positive changes in their lives. These individuals were good role models for them, as they were showing the participants in this research that there is a way out of the devastation their addiction was causing to their lives. Some of the participants imitated what these lads were doing, which helped during their journey into recovery.

For the men in this study, the process of engaging in recovery groups relieved the significant void that was left by knifing off; it replaced this void by allowing the development of new social bonds in the context of a recovery community. Nugent et al (2016) point out that removing one's self from family and friends can be a very isolating life experience and can prevent an individual from forming a new identity, which prevents them from moving on with their lives. This transition phase, a period of great instability is a key element of both desistance and recovery. Across all of the literature on desistance, from rational choice (Matsueda, 2018) to narrative approaches (Maruna 2001), identity shift is a necessary process. There is great debate around how this change happens, but in this study, the men's account of the process supports the relevance of social identity theory in that the group is vital in the construction of a new social identity, and through interpersonal interaction this social identity informs the development of the self-concept (Best, et al 2016). The shearing from past reference groups, including family, as a necessary precondition to the creation of a new sense of self highlights the importance of identity as a socially negotiated and constructed phenomenon for the participants. Importantly, this phase of change is a vulnerable period for individuals in recovery, and relapse is common (Brown, et al 2006). The realisation that recovery involves a fundamental reordering of one's life, one's ideas about life, a re-evaluation of one's history, identity, culture and beliefs is an exceptionally daunting experience.

The rich description that emerged in the data collected for this project served to elucidate the process of recovery and desistance but also highlighted how certain process frameworks are inaccurate in the case of substance using desisters. For example, there is an emphasis on employment both as a means of informal social control (Laub, et al 2001) but also as way to introduce structure and meaning into an individual's life (Farrall, 2010). In addition employment is seen as a means of supporting a new identity based on the development of new social bonds (Sampson and Laub, 2003). For the men in this study, employment was significantly out of their reach. Not only did having a criminal record prevent the men from gaining employment, but their social skills, their ability to cope, their emotional instability and the effects of addiction, trauma and poor mental health prevented the men from having any chance of succeeding in mainstream employment. In many cases, employment in the early months of recovery only served to push individuals back into addiction. This is not to say that employment is not an option for these men, but in the short to medium term, the men in this study did not have the necessary skills to cope with being in employment, nor did they find employment beneficial in terms of meaning making (see Skardhamar, et al 2014). This was primarily due to their inability to cope with the complex social situations they found themselves in whilst in employment, but also the need to spend significant amounts of time working on their own issues, both mental and physical in order to get to a place where they were resilient enough to cope with without resorting to substance abuse.

Clouding all of the experiences of these men is the issue of mental ill health. The majority of the men in this study experienced significant adversary in their early years. Poverty, abuse, domestic violence, addiction in the home and sexual assault were common experiences for these men. While an adverse child experience (ACE) study was not conducted with these men, from the data collected in the interviews, it was clear that *all* of the participants had experienced multiple adverse experiences when they were younger. Apart at all from the impact of their early years on their mental health, these men experienced significant trauma during their lifetime. They recalled being the victim of crime, being diagnosed with psychiatric disorders, experiencing homelessness, overdosing on drugs, attempting suicide and much more. These issues were mostly likely not dealt with by the men, save for self-medicating with their chosen substance. So for the men, the decision to enter recovery was a difficult journey into self-reflection and a willingness to deal with their past.

The Betty Ford Institute Consensus Panel differentiates the stages of recovery into the categories of ''early sobriety'' (the first year), ''sustained sobriety'' of between (1 and 5 years), and ''stable sobriety'' (of more than 5 years) and this has interesting implications for how we think about success, both in terms of recovery, but also in terms of desistance. The journey these men

had to go on (and in some cases are still on) needs to be considered a lifelong journey, and importantly, achieving success takes significant time. The journey is long because individuals have to fundamentally reorder their life, re-imagine who they are, find a new identity and purpose and make peace with their past (Paternoster, et al, 2016).

We mentioned earlier that for the men in this study, attempting recovery was related to a desire to achieve personal well-being – or peace of mind. However, as the men progressed through their recovery, being an active member of society because a focus for them. As part of the recovery and relatedly the desistance process, participants engaged in a significant amount of holistic work in order to support them to reach a ‘‘stable sobriety’’. Stable sobriety was important for the men’s well-being but also, it was important in order that they could become more engaged in society outside of their recovery groups.

While working on themselves, the men learned who they wanted to be and what their identity could be without using substances, importantly they developed a narrative that reinforced the belief that they are a fundamentally good person who was waylaid, because of their addiction (Paternoster, et al, 2016). This was very important for the participants because it offered them a means of rationalising their past behaviours and accepting themselves as they were now. Self-preservation was important; in order to deal with their past and look to the future, the burden of their past behaviours needed to be lessened. By pointing to the context to their behaviour (addiction) they were able to (in some part) assign blame outside of themselves. This allowed them to construct a narrative whereby they were always a fundamentally good person but the circumstances made them bad. The logic was that it was their addiction that made them do the things they did. With the removal of substances the men were able to start their journey into recovery and learn a new way to live their lives. Importantly, with this approach to their sense of self, identity and taking responsibility for past behaviours, recovery served a number of purposes -it removed the *cause* of their anti-social and self-harming behaviour, it offered them a base to begin to consider a more pro-social existence and it protected them from having the entirety of the weight of their past transgressions directly on their shoulders (without denying responsibility totally).

Looking at Maruna and Farrall’s (2004) primary and secondary desistance and McNeill’s (2016) tertiary desistance, can give us a good understanding of the stages or phases (not linear) of desistance. For the men in this study, primary desistance started while they were in prison, or in a treatment centres for this men in this study, that manifest itself as a decision to enter a recovery programme. When they came out to the community some continued on this recovery journey,

however some relapsed and began the cycle again (Stevens, 2015). For others, they had what might be called a partial commitment to recovery and desistance, and this usually involved abstinence but not a total break away from the problem linked behaviours. For some of the men it took a long time for them to change all of their deviant behaviours, and until they did they often experienced multiple relapses. However, none of these changes happen overnight; it took some of the men in this study many years to change their attitudes and behaviours.

The process of identity shift or identity reform fits with the definition of secondary desistance. While in recovery the men in this study reflected on how they began to change their outlook, change their self-perception and change their social identity, albeit very slowly. The men describe this process as a process of discovery, they talk about stripping away the Hegemonic Masculinity, being their *raw self* without drugs or alcohol to mask anything. The men reflected on this process as a particularly difficult time – they had to completely step back from the life they once knew and worst of all, they had to step away from their friends, family and community. The process of *rebuilding* was made possible through networks of support linked to addiction support organisations. Ironically one participant commentated that they didn't know how 'non-addicts' desisted – they couldn't understand how they would have changed without the recovery programme.

The *reintroduction* to society was a final element of the recovery process that they men experienced, however, in most cases, this process occurred many months if not years into their recovery journey. The reintroduction took a number of forms for the men, often times the literature speaks about employment as the pathway back, but for these men, that wasn't the case. For the participants in this study *reintroduction* happened in a number of settings. For many, they slowly reconnected with family and friends, although these relationships had fundamentally changed and the men describe how certain relationships could only ever be superficial and certain people were a threat to their recovery. In the community more generally, the men also experienced a phase of reintroduction, and for the participants in this study, they had a difficult time being accepted back. Society at large can find it very difficult to trust people who have been to prison and are recovering from addiction (Giordano, Cernkovich, and Rudolph 2002; Maruna 2001; Paternoster and Bushway 2009). This makes things very difficult for individuals trying to move on with their life as it can complicate the development of a new social identity that the individual sees as separate to their identity of the past. Not being accepted, or having ones identity denied (Cheryn and Monin, 2005) prevents that reconnecting with society in any meaningful way and it can be enough for some to give up on their desistance/recovery journey, as see themselves as

'doomed to deviance' (Maruna 2001).

While the desistance literature helps us to understand the benefits and importance of how people stop committing crime and even though there is recognition that there are similarities between those convicted of criminal offences and those who engage in substance abuse, this dissertation has discovered that for the sample chosen here - the desistance literature does not capture the complexity of the struggles faced by people trying to desist *and* recover from addiction. Research shows us the reasons why some people reoffend and return to criminality; we know that factors such as poor educational attainment, a lack of employment and a stable employment history, homelessness and a lack of treatment programmes are all highly correlated with increased recidivism (Makarios, Steiner, & Travis, 2010), however importantly, reverse engineering these issues does not provide solutions to prevent addiction

and offending. Providing employment, accommodation and education are of course necessary steps in assisting an individual on their journey, but the heavy lifting is done at the individual level. For a person who has no employment background, is not educated and has spent the last number of years in active addiction, in and out of prison the basics are mental and physical well-being, establishing a support network, personal work around identity, meaning making, sense of self and slowly changing towards a more stable life.

For the people in this study, to move into employment, go to college or start a family would be something that all of the participants would love to be able to do. However, the experience of the men in this study highlights the work that needs to be done before an individual can progress to these opportunities. There is so much after happening in the men lives [addiction, violence, trauma, mental health issues, overdoses, suicide attempts, prison, and hospitalisation] to go straight into employment, college or start a new relationship with a romantic other is very much a case of too much too soon. The personal changes the men describe were hugely impactful but took a significant amount of time to achieve.

The literature that looks at the link between addiction and offending states that drug use has an impact on offending and desistance. Of the three studies identified by Roeyen et al (2016) addressing recovery and desistance, all three found that there is a positive direct relationship between substance abuse and offending – however these studies go even further and state that desistance from offending is subordinate to drug use recovery (see Colman and Vander Laenen, 2012; Marsh, 2011; McCray et al., 2011). This study shows us the important of dealing with desistance and

recovery as processes that are so intertwined that they cannot be- separated. In this study, you cannot have desistance without recovery – ultimately recovery is superordinate to desistance.

As mentioned, within the literature, there is a recognition that the *type* of offence impacts on the process of desistance. We know that individuals who commit terrorism offences, those who commit sexual assaults etc. have a different trajectory into and through desistance. But in this project, we advocate, that the type of crime is less relevant that factors such as addiction, deprivation, social class and masculinity. For working class males their socialisation into crime and addiction took a distinct route that involved historic influences on identity and cultural interpretations on masculinity. This is a distinctly different experience from an individual who engaged in crime, but had an employment history, had some degree of education and did not have an addiction issue. For the men in this study, life on the street dictated their behaviour in such a way that they felt they had no alternative but to behaviour in a particular way to ensure their survival. Surviving on the streets meant projecting a very particular identity and adhering to social norms that in any other circumstances would be seen as deviant.

Desistance is very different for everyone. Some people can desist/recover on their first attempt, while others need numerous attempts before they succeed, unfortunately, others might never make it and die due to overdose or suicide. The life experience of people who are attempting recovery is highly influential on the process. An important element in understanding the process of recovery and desistance is to work with the skills and resilience that an individual has. Amongst the men in this study, it was clear that the more traumatic and chaotic their lives were, the fewer coping skills they had. This impacted on their recovery, in terms of the intervention needed and the duration, and the likelihood of relapse.

Given the findings of this study, it is clear that desistance for individuals with addiction issues, is subordinate to recovery from that addiction. However, that is not to say that we need to think of desistance as different for every *type* of offense. Similarly, we do not advocate that desistance should be categorised according to the *type* of offender. We advocate another way to look at the desistance/recovery that is particularly relevant for individuals who are in active addiction and that is by incorporating our understanding of Hegemonic Masculinity into the recovery and desistance processes. Research by Carlsson (2013) touches on this and shows us that processes of persistence and desistance are linked with age-specific norms of what it means to "be a man" and how individuals successfully do masculinity in different stages of life. What Carlsson (2013) states that expressions of masculinity can be linked to delinquency during adolescence, but this approach

also can encourage desistence during the transition stage to adulthood. Criminal behaviour that is explained as an expression of the idea of 'being a man' during adolescence (Matza and Sykes, 1961; Moffit, 1993) can in some cases be seen as incompatible with the idea of 'being a man' in adulthood (Massoglia and Uggen, 2010). What this means in this context is that individuals recognise what are age appropriate ways of doing masculinity, but also understand the impact of Hegemonic Masculinity on their own well-being. Further to this, recognition of the historic and cultural manifestations of masculinity in context for these men is vital in order to facilitate their development of a critical awareness of the origins of their problem behaviours.

However, this is but one part of the process. For the men in this research their whole identity was formed around the notion of being a tough man, a thief, a drug addict, an aggressor. Having a hard man identity was linked to survival for the men growing up in poor areas of the city. In their neighbourhood the people who were respected were the people who were known to be able to look after themselves. This ability to look after themselves was directly linked to the likelihood of an individual being willing to use violence and this use of violence has been documented by Winlow and Hall (2009) as a means to benefit one self and making an individual worthy of respect. In these circumstances, fear, intimidation, and fighting are key survival strategies. If you did not fit the masculine stereotype and did not have any fighting ability or a willingness to use violence, you would be intimidated, robbed, or become a victim to other crime (see Stanko 2001)

It was not just in their community that these men had to show that they were willing to use violence; prison was also a place where men could not show any weakness (see Harp 2010). There was a great sense of achievement for the men to have an identity as someone who is respected in their community by their peers. Tomsen (2008) describes this identity process as 'protest masculinity' and describes it as a gender identity that is characteristic of men in marginal social locations seeking a masculine claim on power due to the fact that other options are denied by poverty and social exclusion.

For the men in this study, years of living with the image of being a hard man, did not leave them straight away. The men in this research do not see this behaviour as negative, they see this behaviour as something positive, which has helped them throughout their lives, to prevent being violently attacked or bullied. What they do identify as negative, is their addiction and the way they ended up as a result of their substance abuse. While they are doing something about their identity of being an addict/alcoholic by going to a treatment, 12 step meetings etc., some still held onto other deviant behaviour which defined their masculinity. The dominant mode of

masculinity has such a hold on these men- shaping their lives - to change is ultimately reconfiguring what it means to be a man (Bendelow and Williams, 2005).

This study has challenged some constructions of desistance in the literature on crime and deviance. It has raised the possibility, that in the case of addiction, desistance emerges as a side effect of treatment. In addition the findings from the analysis of the life stories of the men in this study point to the importance of historically and culturally transmitted manifestations of masculinity in shaping the behaviour choices that ultimately lead to active addiction. Finally the data from this study challenges the notion that *reverse engineering* the issues that are highly correlated with crime and addiction (housing, education, employment etc) will not comprehensively deal with the underlying problems the men in this study have described. Addressing issues of toxic masculinity, calling out cultures that prioritise violence, risk taking and bravado, challenging identity that is intimately linked to the kinds of masculinity prioritised in adolescence – these are all issues that are fundamental to achieving recovery and desistance. However, further to this, and in the words of one of the participants, in order to recover, in order to desist you have to live an *honest life.* Not doing crime, or not participating in substance abuse is not success, for the men in this study being a good person, a thoughtful introspective person, living clean and contributing to society were all key parts of the process. The path to success was about honesty, avoiding problematic linked behaviours, working on one self and ultimately the purpose of all this, was to achieve peace of mind.

9.2 Where to next?

This study involved a sample of men from an urban area in the south of Ireland. Addiction dominated the experiences of the participants and their stories of recovery and desistance led to efforts in this dissertation to consider how existing frameworks on desistance spoke to this population – those individuals who commit crime whilst in or between bouts of active addiction. Within the literature it is evident that this is a fundamentally understudied area. Given the profile of individuals engaging with the criminal justice System in Ireland it is imperative that issues of addiction and desistance are considered in a holistic manner.

Importantly in addition, the cultural and gendered issues that were such a prominent element in the men's construction of their identity and behaviour are hugely important to understanding their substance abuse and criminal activity. Further work is needed to understand how the associated narratives control and retrospectively account for the problematic behaviours of young men who end up engaging with the criminal justice system. Along with understanding the issues mentioned

above, a number of gaps in the empirical data exist in this jurisdiction, especially around the characteristics of the individuals who offend whilst in active addiction for example data around age of commencement of offending, age of commencement of substance abuse, duration of offending/substance abuse, role of trauma, family history, engagement with police (underage), engagement with support services (underage) etc. This study goes some way to filling these gaps. Finally, this study accounts for the experiences of individuals who are drawn from a (relatively) large urban centre, some limited work exists with Dublin populations, however there is a total absence of research looking at rural populations and the experience of individuals who receive convictions who are drawn from this population. Future research must focus on addressing the data gaps that already exist but also ensuring that desistance research on the island captures the complexity of individuals who end up engaging with the criminal justice system.

Finally, in terms of the theoretical contribution to the field, this research has demonstrated the inter-relatedness of recovery and desistance amongst a particular sub-group of offenders; furthermore, the importance of cultural and gendered narratives to the performance of masculinity has been highlighted in this study and how this impacts on risk taking behaviour has much to contribute to the literature on addiction and offending. To develop this line of research further it would be useful to focus on the process of identity change undertaken by men in desistance and recovery specifically with a view to understanding the interaction of the individual/group processes around culture, masculinity and identity and how Hegemonic Masculinity is managed in this process.

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11. Appendices

Appendix A. Information sheet

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Purpose of the Study. As part of the requirements for PhD at UCC, I have to carry out a research study. The study is concerned with looking at the life experiences of working class males who have come into contact with the criminal justice system.

What will the study involve? The study will involve participants being interviewed one to one or by focus groups. Each interview will take about 60 minutes. Participants will be recorded using a voice recording machine. Open ended questions will be asked to allow the interviewee to direct the narration of their own life story.

Why have you been asked to take part? You have been asked because you *are specifically or generally suitable to provide data for this study*.

Do you have to take part? *The answer is no! – Participation is voluntary. Before we conduct the interview, you will be asked to sign a consent form. Alongside the consent form you will also receive an information sheet. In these sheets, you will be told that you have the option of withdrawing before the study commences (even if they have agreed to participate) or discontinuing after data collection has started. Where data are identifiable (e.g. from interviews yielding qualitative data), you can withdraw within two weeks of participation and ask to have your data destroyed.*

Will your participation in the study be kept confidential? Yes. I will ensure that no clues to your identity appear in the thesis. Any extracts from what you say that are quoted in the thesis will be entirely anonymous.

What will happen to the information which you give? The data will be kept confidential for the duration of the study, available only to me and my research supervisor. It will be securely stored on my home laptop and saved anonymously. On completion of the project, they will be retained for minimum of a further ten years and then destroyed.

What will happen to the results? The results will be presented in the thesis. They will be seen by my supervisor, a second marker and the external examiner. The thesis may be read by future students on the course. The study may be published in a research journal.

What are the possible disadvantages of taking part. It is possible that talking about your experience in this way may cause some distress.

What if there is a problem? At the end of the procedure, I will discuss with you how you found the experience and how you are feeling. If you subsequently feel distressed, you should contact your keyworker with the organization which referred you, *contact your doctor, or phone the Samaritans.*

Who has reviewed this study? *Social Research Ethics Committee* Approval must be given by the Social Research Ethics Committee of UCC before studies like this can take place.

Any further queries? If you need any further information, you can contact me: Graham Cambridge *mobile number, 0872761448 email address.* 107121075@umail.ucc.ie

If you agree to take part in the study, please sign the consent form overleaf.

Appendix B

CONSENT FORM



I……agree to participate in Graham Cambridge research study. The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Graham Cambridge to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Signed: ……. Date:

PRINT NAME: ……