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Mandated Anger Management from the Perspective of Violent Offenders

by Cory Feldman

A dissertation submitted to the Graduate faculty in Criminal Justice in partial fulfillment of the

requirements for the degree of Doctor of Philosophy

The City University of New York

2016

This manuscript has been read and accepted for the Graduate Faculty in Criminal Justice in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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ABSTRACT

Mandated Anger Management from the Perspective of Violent Offenders

by

Cory Feldman

Adviser: Ric Curtis

Anger management is a mandated treatment for violent offenders (VOs) in Harlem, New York returning from prison under parole supervision. This dissertation asks VOs to describe their experiences with parole-mandated anger management (AM). The objectives of this research are to help illuminate the reasons why anger management is mandated for VOs and why, for some, mandated AM may be potentially harmful to their reintegration. To date, there have not been any studies exploring the role of AM for people on parole charged with violent offenses; the extant literature on AM provides neither formal evaluations nor long-term follow-up to indicate what the effect from AM is on the process of reintegration after prison. This research uses grounded theory methodology to question the assumptions underlying mandating anger management treatment for VOs. Semi-structured interviews with 26 VOs on parole in Harlem provide rich description of their experience in AM.

Through the lens of symbolic interactionism, the qualitative data reveal that the majority of VOs did not report benefits from being mandated to AM and discussed profound needs that AM was unable to address. Notable findings include that participants' level of anger and motivation for treatment were heterogeneous as were their self-reported anger and violence. VOs described justifications for continuing to use violence, in particular, self-defense and regulating an illegal economy. Rather than producing therapeutic outcomes, VOs describe AM as an extension of parole or a means of generating income for the agency providing services. The VOs explain why AM does not reduce violence or ease reintegration and that some participants may be better served by professional mental health services that address trauma recovery. VOs describe the ideal type of reentry intervention to reduce violence and propose services that connect VOs to mainstream activities like work and education as crucially important, along with opportunities to discuss strategies for overcoming the obstacles that reentry in itself presents. A final point is the role of assessment to determine the appropriate level and modality of care. All respondents described a general lack of specificity with their referral to AM despite the range of demographics. The findings have implications for effective practice in prisoner reintegration and human services development.

DEDICATION

To Harland Kessaris, thank you for more than a decade of guidance and friendship, this is not the culmination, just a stop on our road, and I look forward to our next project.

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INTRODUCTION

"It's time we stop worrying and get angry, you know? Not angry like pick up a gun, angry like open our minds."-Tupac

Upon release from prison, people convicted of offenses defined in the New York State Penal Code as "violent" (whether or not violence was used in the commission of the offense) are mandated by their parole officers to attend anger management (AM). Mandating violent offenders (VOs) to attend AM after they have completed a prison sentence suggests several false assumptions: a) that anger is causally related to violence and thus, by controlling anger, violence will be prevented (Loza & Loza-Fanous, 1999; Iadicola & Shupe, 1997); b) that a person who committed a violent act years prior is the same person today; and c) that offenders do not age out of criminal behavior. Indeed, the assumption that anger causes violence is so entrenched in our thinking that most U.S. correctional facilities are required by state law to offer AM or the federal government withholds funding (Rose & West, 1999). New York State goes one step further by mandating completion of a post-incarceration regimen of AM, even if it is the same iteration of the AM program the individual took in prison.

While the number of VOs returning from prison under parole supervision has increased dramatically since the 1970s, relatively little is known about the experiences of parolees mandated to attend AM or the economic benefits accrued by the private and community-based clinics that tailor their services to the formerly incarcerated (Lipsey, 2009). To date, no studies have explored the role or effectiveness of AM for people on parole charged with violent offenses; the extant literature on AM for parolees provides neither formal evaluations nor long-term follow-up to indicate whether it has produced any positive results.

This dissertation investigates AM from the perspective of the VOs mandated to attend it, and by doing so challenges the logic of requiring AM as a post-release "treatment" for violence. Through in-depth interviews with thirty VOs released from New York State correctional facilities about their perceptions of AM and their feelings about being mandated to a post-incarceration program based on a legal definition of their instant offense rather than a clinical assessment of their current functioning, orientation and

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mental health status, this dissertation reveals a flawed policy that has the potential to do far more harm than good.

Background

Over the past three decades the number of people released from federal and state prisons rose from approximately 300,000 in 1985 to over 828,000 in 2008; half of these individuals served time for a violent offence (Grattet, Petersilia, Lin, et al. 2009; Harrison & Beck, 2002). The massive influx of former prisoners has disproportionately impacted poor communities of color, such as Harlem, New York, where residents are predominantly Black and Latino, and a majority live below the poverty line. As communities like Harlem become destabilized from high rates of incarceration, efforts to curb crime tend to cause "net widening," whereby more and more people are pulled into the criminal justice system. By overusing incarceration in already marginalized areas, the criminal justice system fuels patterns of crime reproduction, weaving crime deeper into the social fabric.

The long reach of the criminal justice system in poor minority neighborhoods has left many young men of color stranded in a cycle of probation, prison, and parole supervision, all but ensuring that families will have to do without sons, uncles, brothers, and fathers for some stretch of time (Clear & Frost, 2014). The massive expansion of the penal state and the concentration of its impact on specific populations saw a concurrent expansion of research in areas related to this new incarnation of American exceptionalism. Although scholarly attention has turned toward mass incarceration, the policies that created disproportionate minority confinement have become self-sustaining and self-replicating, particularly in neighborhoods like Harlem. As Clear and Frost (2014) describe:

> Imprisonment has grown to the point that it now produces the very social problems on which it feeds . . . It is the perfect storm, amplifying the likelihood that the experience of imprisonment will continue across generations of neighborhood residents (p. 4).

Research on people in prison and on parole are often prohibited by correctional administrators or hampered by institutional review boards (Wacquant, 2002; Wacquat, 2006). A hindrance to studying anger experienced by people on parole is that forensic mental health professionals typically are not tasked with data collection due to overwhelming caseloads. Criminal justice agencies often reduce useful data into dyads like complete/recidivate. Even graduate students interested in studying the field of violence are routinely denied access to facilities due to security or HIPAA (confidentiality) regulations and

are generally unable to access data that could make their research more robust. AM programs have been reviewed with institutionalized populations, like mentally ill or incarcerated individuals, populations without an expectation of privacy to their treatment. Also, studies of AM with voluntary participants have evaluated outcomes, using factors like program completion, as the primary empirical measurement and self-reported benefits as measures of success. Scholars discouraged from studying people in the system have turned their lenses to the multitude of deleterious effects of incarceration on the employment prospects (Western, Pettit, & Guetzkow, 2002), health status (Hammett, Harmon, & Rhodes, 2002), housing options (Rubinstein & Mukamal 2002). The social and kinship networks of inmates, probationers, and parolees have also been brought into focus:

> No longer simply characterized as lone wolves in orange jumpsuits, the seven million people under correctional control at any given point each year were discovered to come home to mothers, conceive children with partners, pool resources with friends, and mingle with neighbors. Furthermore, regardless of their own legal status, the lives of these relatives, intimates, and acquaintances were penetrated by the criminal justice system as they witnessed arrests, offered material and moral support to inmates, or received ex-convicts into their homes and onto their streets (Comfort, 2007).

In addition to the deluge of reentrants, more than half of all people on parole will be violated and sent back to prison, sixty-percent of whom are violating the terms of parole, not reoffending criminally. This has created a phenomenon described as churning, "the cycle of removal and return of large numbers of individuals, mostly men, [which] is increasingly concentrated in a relatively small number of communities that already encounter enormous social and economic disadvantages" (Travis, Solomon & Waul, 2001, 1). This revolving door of prison routes reentrants into poor communities like Harlem, and the sheer number of people under criminal justice supervision further destabilized the community. Harlem has micro-concentrations of crime and poverty that account for a disproportionate amount of Manhattan's share crime. For example, a one-mile area of East Harlem has the highest concentration of formerly incarcerated males in New York City: 1 in 20 males, according to the Justice Mapping Center, have returned from prison. Additionally, the Mapping Center reported that 900 people who live in the zip code have returned from prison. At the same time as residents are being removed, demands for more services targeting people on parole were being concentrated into these areas. The demand for programs like AM resulted in many agencies expanding their mission to include the provision of AM.

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Since the 1970s, Harlem has invented a compendium of choices, from churches, to "reentry clinics" to community mental health clinics; all of these facilities seem eager to serve VOs on parole. Over the past few decades, a crop of service providers has appeared along 125th street in Harlem. A walk from East to West Harlem reveals dozens of programs that offer AM in addition to other services for reentrants. As demand for AM increased, a wide array of non-profit agencies launched programs as addendums to services already being provided like substance abuse counseling. While federally funded health insurance (Medicaid) requires that groups be run by a licensed clinical psychologist in order to bill for reimbursement, parole-contracted service providers and foundation funded nonprofits employ facilitators who run the gamut from formerly incarcerated peer workers or to social work interns to art therapists. Some groups are even run online. Programs providing AM for VOs include a local hospital, private and nonprofit clinics, drug treatment programs and halfway houses. There are medical and mental health facilities that are privately owned and operated but are funded exclusively through Medicaid payments for services rendered. Other nonprofit organizations are funded through grants from charitable organizations and programs funded by City Council or other local government entities.[1] For example, in Community Board 10 of Central Harlem, which occupies approximately 1.5 square miles, a reentry guide lists nearly 50 agencies targeting people on parole for services (see APPENDIX A).

Although the number of agencies offering AM has visibly increased, at present, no national statistics track the number of people who actually complete AM each year, and New York only considers the number of people who are released for a violent crime, but not how many are successful at remaining in the community. The criminal justice system has been credited for conservatively half of all referrals to community-based treatment programs. Clinicians in private practice also reap the rewards of this new stream of clientele, saying that working with the courts is the best "business-boosting move" they could have made (Prendergast, Farabee, Cartier & Henkin, 2002; APA, 2010). Medicaid pays for AM as a form of group therapy; the Department of Corrections and Community Supervision (DOCCS) funds additional programs, as do foundations and local government. All agencies that serve people on parole are listed in DOCCS' database, known as ACCESS, but there is very little standardization from one program to the next. The sharp increase in demand for AM by parole has also been encouraged by a wide range of literature, all derived from randomized controlled trials, literature reviews, and meta-analyses, detailing

effective AM strategies. These studies use control group participants and pre- and post-tests to evaluate the impact of AM on participants, but none explore the perspective of mandated participants (Edmondson, Conger, & Conger, 2007; Renwick, Black, Ramm, & Novaco, 1997; Beck & Fernandez, 1998; Howells, 2004; Deffenbacher, Dahlen, Lynch et al. 2000; Tafrate & DiGiuseppe, 2000; Del Vecchio & O'Leary, 2004). The importance of attending to the subjective experience of VOs as a way to discern the complexities of post-release treatment and its impact on "reintegration," has been highlighted by prior research (Wacquant, 2002; Halsey 2007; LeBel, Burnett, Maruna, et al. 2008). Studies that include the reentrants' perspective often fall under the "convict criminology" umbrella (Richards & Jones 1997; Richards & Ross 2001; Terry 2004; Newbold et al. 2014, to name just a few).

Traditionally, convict criminology offers insights informed by the shared experience of having been incarcerated and can offer insight into what people on parole for violent offenses experience upon reentry along with strategies for navigating a minefield of obstacles. Clearly, a more complete comprehension of human experience requires going beyond theory and outcomes; it requires examining the subjective, lived experiences of VOs (Feit, 2007; Kemp, Whittaker, & Tracy, 2002). Moreover, the emotions expressed through in-depth interviews with VOs shed important light on the "phenomenological, internal reasons" for their behavior (Canter & Ioannou, 2004 p. 71) and facilitate an understanding of the meaning VOs attribute to their experiences with subsequent acts of violence. By enabling the articulation of VOs' first-person accounts of how AM is experienced, this study fills a gap in the literature on the reintegration of violent felony offenders, the very group of formerly incarcerated individuals about whom society is most concerned.

Research linking anger to violent behavior generally supports AM as a logical intervention for violence (Andrews, 1996; Howells, 2004; Kroner, Reddon, & Serin, 1992; Novaco, 1994; Walters, 1990; Welsh & Gordon, 1991; Zamble & Quinsey, 2001). Several studies call into question whether VOs are angrier than non-violent offenders, by pointing out that when compared to non-violent offenders on a variety of anger scales, there is no significant difference in measurements of anger based on whether the person was considered to be violent (Blackburn & Coid, 1999; Edleson & Tolman, 1992; Kennedy, 1992; Tavris, 1989; Tice & Baumeister, 1993; Zillmann, 1993; Loza & Loza-Fanous, 1999).

Research Question

VOs in New York City are mandated by their parole officers to attend AM groups, typically within their first week of returning from prison and frequently as the only treatment required or offered by DOCCS, unless the parolee has a drug conviction, in which case substance abuse counseling is also mandated. Although the expansion of AM may be genuinely aimed toward assisting VOs upon reentry, research on AM has tended to be "theoretically shallow" and focused on program evaluation (Hallett, 2012, 216). Aggression and violence are constructs that seem be related, but there are distinctions throughout the literature that support unlinking the anger-violence connection, or at least accounting for several exceptions (Loza & Loza-Fanous, 1999). Even though AM may not prove helpful for every violent offender, a question persists: What harm could come from mandating counseling for a "high-risk" population?

There have been no evaluations of the AM programs that VOs are mandated to attend. There is not even consensus as to what, other than attendance and completion, would be assessed. There is no research on the outcomes or self-reported benefits of AM for VOs who have been released from prison and are on parole in the United States. This research aims to fill that gap by offering the people mandated to AM a voice. It asks about their experiences in AM and their perceptions of the treatment they received, how it is deployed and how it has affected their ability to manage violence in their daily lives. The topic of interest in this descriptive phenomenological study is the meaning that VOs attribute to their mandated AM. Phenomenological examination focuses not on an individual's behavior, but on the meaning that the individual attaches to those experiences (Michalsen & Flavin, 2014). Not All Women Are Mothers Addressing the Invisibility of Women Under the Control of the Criminal Justice System Who Do Not Have Children. *The Prison Journal*, *94*(3), 328-346., 2012, 41). Instead of looking at how effective AM may be or how affected the participant is, this study explores how AM is experienced and how daily life for the VOs in the study incorporates AM training. The objectives of this dissertation are to: 1) document the perceptions of VOs on being mandated to AM; 2) describe VOs' experiences with attending AM; and 3) describe how AM affects VOs' perceptions of violence.

Organization of the Dissertation

This dissertation begins with a literature review that includes a discussion of the most salient theories on anger and a brief history on the origins of anger management. Chapter one also incorporates

a review of the methods used to evaluate anger management programs. The question being explored in much of the extant research is about whether, and how well, AM programs work. The chapter discusses mandated treatment for VOs as a concept and reframes the traditional inquiry of whether AM works into whether anger is even a logical target for re-entrants whose offenses as defined in the penal code label them as violent. To contextualize the research, the literature review explores violence in daily life for people from communities with high levels of poverty, crime and incarceration. Further exploration into the literature on childhood trauma and the institutional trauma of prison lay the foundation for a discussion of AM as a form of mandated treatment that is, essentially, little more than a Band-Aid on a bullet wound. Understanding how people charged with violent offenses typically experience violence, incarceration, and then mandated treatment creates a more holistic understanding of who the VOs in this study are and how they perceive this process.

Chapter two focuses on the theoretical frameworks guiding the present research. In this dissertation, Symbolic Interactionism frames an examination of the rituals, language, and roles surrounding AM, which casts VOs as both responsible for their own rehabilitation but incapable of choosing treatment without coercion. Taking a critical look at the concepts of punishment as treatment, the idea of coercing VOs into treatment is examined. AM interventions operate similarly to other forms of mandated treatment in that they are typically held in groups, excluding people who are not being punished, and typically in neighborhoods with high concentrations of poverty. This is the stage that is set for the weekly "performance" of AM. In these rooms across Harlem, men gather in groups of six to ten and are compelled by parole officers to participate. Those who have just come home and have not activated their Medicaid may be charged a fee to attend, as are employed parolees who insurance does not cover this state-mandated program.

The third chapter focuses on methodology. Data were collected by recording semi-structured, in-depth interviews with 30 men from Harlem who were mandated by their parole officers to attend AM. In addition, interviews were conducted with four AM group facilitators at four different treatment programs. Chapter three explains the method of using grounded theory to analyze the interviews and make sense of perspectives offered by the participants, even when seemingly contradictory. This is especially true in terms of understanding what it means to have successfully completed AM but still experience a high level

of violence in daily life. Chapters four through seven examine the data itself for a deeper understanding of how it feels to be in groups, the impact of mandated treatment and why so many of the VOs found AM to be unhelpful during reentry. The data analysis is focused on presenting the descriptions VOs give of their experiences in mandated AM. This includes the types of facilitators, group members, and facilities in which AM groups are held. VOs were asked whether they think VOs should be mandated to treatment and how they would redesign their group.

CHAPTER ONE: A Brief History of Mandated Anger Management

Today, the review function of parole boards has been all but eliminated for VOs. At the same time, new euphemisms for parole supervision in the community have been invented. In New York, as in the federal prison system, most VOs serve 85 percent of their sentence in prison and then are "conditionally" released to serve the remaining 15 percent of their sentence in the community on post-release supervision by a parole officer. Terms like "community supervision" or "supervised release" have entered the criminal justice lexicon but are qualitatively no different than parole supervision. For the sake of clarity, unless otherwise specified, the term "parole" will refer to all forms of post-release supervision.

In New York State, the Parole Reform Act of 1977 put into motion a set of conditions assigned to every returning violent offender (Kiracofe & Wells, 2007; Tate, 2008). These conditions include mandated check-ins between the supervisee and the assigned officer that include verifications of residential and employment status, plus the avoidance of criminal activity and compliance with all instructions given by the supervising officer. Special conditions apply to VOs including restrictions on travel and the mandate to attend treatment. Although all supervision activities can occur in a local office, VOs on parole are denied their Fourth Amendment right to privacy and must permit the search of their person, place, and property without a warrant by a police or parole officer at any time. If they reside with other people, all areas of the living quarters fall under these search conditions unless a co-resident can expressly prove that the supervised person is unable to access a specific area. In addition to weapons, alcohol, and illegal drugs, some common articles—such as knives exceeding certain lengths and various household tools—are forbidden to those under supervision, meaning that their co-residents are also prohibited from having these items on the premises. VOs are also forbidden from owning large dogs, regardless of the breed or temperament. In addition, like arrests, residential searches may be unannounced and typically are

conducted at odd hours in an effort either to verify that the supervisee is complying with a curfew or to try to catch the parolee unawares (Comfort, 2007).

The stated purpose of the Parole Reform Act of 1977 was to decrease disparities in parole conditions and terms of supervision by creating mandatory sentencing structures (Schupbach, 1984). The result was fewer VOs eligible for parole and more restrictions placed on VOs in the community, including the mandate to AM and mandatory periods of post-release supervision for all returning VOs. In order to understand how the conditions for VOs on parole have evolved, it is helpful to understand the political climate that ushered in this new norm. In contrast to the current media focus on racist policing and white cops killing unarmed black men, in the late 1960s and early 1970s, the news centered on "negro anger" and violence *against* the police, as opposed to *by* the police. In 1966, Richard Nixon linked rising crime rates to Martin Luther King's campaign of civil disobedience. The decline of law and order "can be traced directly to the spread of the corrosive doctrine that every citizen possesses an inherent right to decide for himself which laws to obey and when to obey them." The cure, as Nixon saw it, was not addressing criminogenic conditions, but locking up more people. "Doubling the conviction rate in this country would do far more to cure crime in America than quadrupling the funds for [the] War on Poverty," said Nixon in 1968 (Coates, 2015, 4). J. Edgar Hoover declared the Black Panther Party to be "the greatest threat to the internal security of the country" and authorized a repressive, lethal campaign against its leaders that culminated in the assassination of Fred Hampton in December of 1969 (Coates, 2015, 5). A letter to the editor of the *New York Times* captures the fear of White people at the time:

> White man, addressing the white editors of the New York Times-- Perhaps we should save our compassion for ourselves. When we realize how angry black people really are, and how much we do, even with the best intentions, to perpetuate the things that make them angry, we may need it (Sandow, 1968).

Because anger is associated with aggression, it engenders fear in those at whom it may be directed; legitimizing Black anger for Whites means not only perceiving it, but feeling culpable for it and being the target of it (Grier & Cobbs, 1968). In early 1970s New York, violent riots spread through at least six correctional institutions throughout New York State (Carter, 1986). The mistreatment of prisoners came to a head in 1971 during the infamous Attica riot. It is out of this climate that a terrified Parole department anticipated the return of men from prisons to their caseloads, men who had experienced riots

and were presumably full of rage. There was never specific legislation mandating AM, just as there has

never been empirical research justifying AM. It has not been demonstrated to be effective or even studied

with VO. Also missing from the literature is why the that AM is administered immediately upon reentry

from prison, typically mandated at the first meeting between a parole officer and supervisee. This can

tend to cast the AM group as a reentry program, despite that the design of AM was never meant to

address reentry, nor has it been studied in the context of reentry, (i.e. the impact of recidivism, or

provision of resources).

What Is AM?

Much of AM's origins can be tied to the researcher Novaco, who published more literature on the

topic than any other social scientist. Even though he is credited with explicating the underlying principles

of AM treatment, Novaco (1985) also explains that an important component of recognizing and treating

anger is understanding and legitimating the real grievances that people of color in low-income

communities face, particularly in neighborhoods of historical significance like Harlem. According to

Novaco (1985):

> The anger of people from "lower social strata" is best understood and addressed as a problem in
> the social structure, not the individual. Thus, such anger will exist until society changes. If Black
> anger is something which is inevitable in this society, then it must be legitimized at all stages so
> that positive and constructive expressions of anger can be used instead of negative and
> destructive ones (p. 26.).

Novaco spoke about Black rage and how important it is to give voice to these angering

experiences. Novaco urges that treatment for anger must not mute, distort, or suppress Black rage;

rather, "We must recognize it for what it is: a potentially creative, productive and unifying force when

programmed by circumstances that are under the conscious control of the Black community" (p. 27). AM

is based on research that focuses on techniques to reduce aggression and there is consensus that this

should be administered as group therapy (Valliant & Raven, 1994). Aside from being more financially

feasible as an intervention, groups offer therapeutic benefits that can be difficult to accomplish through

other methods (Yalom, 1985), including: opportunities for group members to experience vicarious

learning; to experience role flexibility as both helpers and help-seekers; and to gain a sense of

universality by observing others in similar circumstances (Fuhriman & Burlingame, 1994). Groups can

also provide participants with a sense of community, particularly valuable for people who may feel

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isolated and ostracized (Yalom, 1985; Fuhriman, & Burlingame, 1994). Members can also act as 'naturally occurring communities of enforcers' outside the group, thereby increasing the possibility of generalization of newly acquired skills (Skolnick & Bayley, 1988). Although AM is nearly always administered in a group, this format may not apply as well to the VOs because treatment motivation is not considered and therefore remains unknown (Yalom & Leszcz, 2005). AM programs usually employ a combination of methods to reinforce what is learned and to model desirable behavior with participants.

The cognitive-behavioral approach to AM seems to be the most commonly used model, but tends to require some degree of motivation to change from participants, who are expected to actively engage in the treatment process through self-disclosure or role-playing (Howells, 1989). AM is generally designed to change the perceptions, attitudes, and expectations that maintain participants' violent offending behavior. Traditionally, participants first analyze their thinking patterns and question the underlying assumptions that led to their aggressive behavior (Howells, 2004). Then, through group discussion and often role-playing, participants are introduced to alternative behavior and beliefs.

Another AM component emphasizes the teaching of relaxation and stress-reduction breathing exercises, which include deep breathing and deep muscle relaxation. Other relaxation techniques that have been shown to be useful in arousal reduction are progressive muscle relaxation, meditation, yoga, guided imagery, and biofeedback. Relaxation exercises and techniques are frequently used in AM because of their association with physiological arousal reduction that can have a negative influence on behavior (Novaco, 1975). The physiological arousal includes an increase in heart rate, muscle tension, and breathing rate (Kellner & Tuttin, 1995). With an increase in this physiological arousal comes an increase in angry thoughts, even more so when combined with alcohol and or drugs, and results in an inhibition of internal control (Hollin, 2003). The ability to reduce the arousal response through increased self-regulation is considered fundamental to preventing feelings of aggression. When adolescents were instructed in relaxation coping skills, they were able to calm down, to not become so angry in the first place, and to better think through and to proactively cope with their angry feelings (Deffenbacher et al., 1996).

Early anger management programs of the 1970s were based on Albert Bandura's book, *Social Learning Theory* (1977). Social Learning Theory (SLT) posits that behavior is learned through

observation, which includes direct instruction. According to Goldstein, Glick, and Gibbs (1998), aggression derives from social learning theory. Learned behavior stems from the interaction of the individual with the environment. Therefore, AM was implemented as a form of stress inoculation whereby, as a group, people prone to anger are taught to deconstruct infuriating circumstances into predictable stages that can be managed (Novaco, 2010). SLT continues to underlie the core components of AM, which typically aims to increase self-awareness of anger, triggers, and help participants develop coping and relaxation strategies to address what researchers Nietzel, Haseman, and Lynam (1999) consider to be the biological, environmental, psychological, and social factors that underlie violent behavior. AM typically consists of a combination of the aforementioned components, but determining which of the components is efficacious can be problematic because of the confounding effect of one element with another. For example, Deffenbacher and Stark's (1992) study shows that relaxation coping skills were as effective in the treatment of anger as is a combination of cognitive coping skills and breathing exercises.

A nuanced study of anger matters because anger, like love, has such a potent capacity for good and evil. Even though anger has often been reduced to an evil that needs to be eliminated or managed, anger, like love, is a moral emotion. People use anger in the name of emotional liberation, to erode affection and trust, exact revenge, diminish their dignity, and lead to acts of violence. At the same time, there are positive aspects of the emotion of anger that should be identified and preserved. Anger's positive expressions include that it can bring communities together to fight injustice (Cross, 1971; Novaco, 1985; Tavris, 1989), and it can result in impressive expressions of creativity (Cross, 1971) and humor (Tavris, 1989). Anger can also be a source of energy which prompts people into action and helps them to achieve their goals (Tavris, 1989). Those who use anger to probe for truth, challenge and change the complacent injustices of life, or take an unpopular position during a conflict, may find anger leads to moral development, not erosion (Tavris, 1989, 25).

Meta-analytic reviews of the literature on anger treatment suggest that subjects who receive AM are better off than control subjects, and that the majority of subjects demonstrate that they improve in comparison to their pretreatment scores on self-reported questionnaires (Beck & Fernandez, 1998; Ahmed, Kingston, DiGiuseppe, et al, 2012). Nearly all of the studies on anger management are conducted with college students or other non-clinical or non-mandated populations (Deffenbacher,

Oetting, Lynch, & Morris, 1996; Tafrate & DiGiuseppe, 2000; Del Vecchio & O'Leary, 2004; Tescher, Conger, Edmondson, & Conger, 1999). The studies reviewed use experimental designs focusing only on voluntary participants in anger management programs including: drug users (Reilly & Shropshire, 2000; Awalt, Reilly, & Shropshire, 1997); emotionally disturbed adolescents (Kellner & Bry, 1999; Snyder, & Kymissis, 1999); parenting groups (Fetsch, Yang, & Pettit 2008); persons with learning disabilities (Kellner & Tutin, 1995; Borsay, 2013); patients with mild essential hypertension (Hosseini, Mokhberi, Mohammadpour, et al, 2011); post-traumatic stress disorder sufferers (Olatunji, Ciesielski, & Tolin, 2010); patients with brain injury (Walker, Nott, Doyle, et al, 2010); and people in prison (Holbrook, 1997; Fox, 1999).

Only a small number of studies have been conducted with offenders, and many have methodological problems, including lack of control groups or poorly specified comparison groups. More promising studies have been conducted in other countries. In Canada, Dowden, Blanchette and Serin (1999) conducted a substantial study of the effectiveness of an anger management program with offenders. The program itself was generally more substantial than typical US program. In Canada, the study involved 25 two-hour sessions-and was shown to have an impact in reducing recidivism over a three-year period, although this improvement was found only for high-risk offenders (Serrin 1999). Two small scale controlled studies have been undertaken in Australia (Watt & Howells 1999) and suggest a need for caution before applying anger management indiscriminately with violent prisoners. In two separate samples of violent prisoners undergoing anger management therapy, the authors found no difference between the treatment groups and untreated controls on a range of dependent measures, including anger experience, anger expression, prison misconduct and observational measures of aggressive behavior. There seem to be no studies with American subjects currently on parole, rather than in a facility.

Mandating treatment suggests that people charged with a violent offense lack the internal motivation or mental clarity necessary to seek treatment voluntarily (Inciardi, McBride, & Rivers, 1996). Referring VOs to AM may also reinforce offenders' attributions of blame to anger rather than fully accepting responsibility for their violent acts. Formal studies, anecdotal reporting, and self-evaluation conclude that anger management treatment is of some value, but there is no consensus as to what extent

anger management programs have effectively helped people, for whom the programs are most effective, or how long the programs' effects last. To add further complication, even after successful AM completion, most high-risk graduates will still be reconvicted, and many for non-violent violations of parole, like breaking curfew (Polaschek, 2011). They may have completed the program, but if there is still the same rate of recidivism and no reduction in arrests for violent crime, then it is unclear how accurate completion is as a measure of determining effectiveness. The question of whether violence operates the same as medication compliance or addiction has never been researched. Instead, research on other populations that have benefitted from coerced treatment have been supplanted onto VOs while a modality only researched with voluntary participants is employed.

In its most benign iteration, AM treatment can be categorized as a form of therapeutic jurisprudence (TJ), in that it is mandated by parole under the power of the court that delivers the sentence. There is little evidence, however, that participants share this perspective. Empirical findings on coerced versus voluntary psychological treatment yield mixed results (Belenko, 2001; Farabee et al., 1998; Wild, 1999). AM may work at reducing aggression in participants, but aggression may not be underlying the crimes of all VOs mandated to attend. Just as there is limited evidence from which to draw any firm conclusions about the effectiveness of current AM groups on violent behavior, there are no research-based guidelines to assist counselors who provide AM for VOs in recognizing, diagnosing, treating or preventing future violence (Lench, 2004; McGuire, 2008). This is due to the lack of research on mandated treatment for VOs. Some reasons for the limited data collected by clinicians, criminal justice agencies, and nonprofits that provide services are basic theoretical problems with the definition of terms, and the absence of diagnostic categories related to anger (Lench, 2004).

In writing about program evaluation, experts Christopher T. Lowenkamp and Edward J. Latessa (2005) caution against the implementation of programs with the potential to cause iatrogenic effects. Originally coined by medical professionals, *iatrogenic effects* refer to the unintended negative effects that are acquired through the provision of an intervention (Lowenkamp & Latessa, 2005). The potential for iatrogenic effects are increased when placement decisions fail to account for the risk level of program participants, particularly when low-risk offenders are placed in programs better suited for high-risk offenders (i.e., residential halfway houses) (Lowenkamp & Latessa, 2005). Research also shows that

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participants on parole who are deemed to be in the wrong level program perform significantly worse than

comparison parolees with no intervention at all (Lowenkamp & Latessa, 2005). Iatrogenic effects may

also result from programs that are either poorly implemented (Wilson & Davis, 2006) or programs that rely

too heavily on increased levels of surveillance in the community (MacKenzie, 2000), which may result in

increased supervision effects and higher rates of technical violations (Hamilton, 2011). Anger

management may be having a similar iatrogenic effect, meaning that skepticism toward ex-offenders'

ability to manage their anger might actually encourage recidivism by contributing to a self-fulfilling

prophecy. For example, in their research on AM for elementary school bullies, for example, Orpinas and

Horne (2010) conclude that there are negative aspects to group therapy that focuses on aggressors,

ignoring the environment in which aggressive behavior occurs. AM groups may neglect the development

of prosocial abilities and emphasize eliminating negative behaviors (Serin, Gobeil, & Peterson, 2009).

This is also the central premise of labeling theory (Lemert, 1951; Becker, 1963).

      The labeling perspective of Becker (1963), Schur (1965, 1971) and Goffman (1959, 1963),

proposes that criminal "careers" are shaped progressively over time. Goffman (1963) explains this

phenomenon:

> The moral career of a person of a given social category involves a standard sequence of changes
> in his way of conceiving of selves, including importantly his own self... each moral career, and
> behind this, each self occurs within the confines of an institutional system . . . the self can then be
> seen as something that resides in the arrangements prevailing in a social system for its
> members" (p. 43).

      Goffman's analysis applies to the case of the person charged with a violent offense who moves

from civilian to violent offender. Deviant status tends to exhibit "master status" quality because it tends to

override other characteristics and "have a special priority" (Becker, 1963, p. 33). The imputation of an

identity that is deviant "proves to be more important than others. One will be identified as a deviator first,

before other identifications are made" (p.33). Labeling may also create a personal aura that makes the

individual less attractive to "conventional" cohorts but more attractive to antisocial peers (Wilkins, 1965).

The way violence and anger are framed shapes how people react to it, both in terms of personal

response and public policy response (Pfohl, 1994). To better understand the development and

acceptance of a particular perspective, it is helpful to situate it within the socio-historical context in which

it emerged (Pfohl, 1994). To frame a discussion on how being mandated to treatment impacts VOs,

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Becker explains that deviance is a socially constructed label applied differentially: "The deviant is one to whom that label has successfully been applied, deviant behavior is behavior that people so label" (1963, 9). Looking at how societies, lawmakers and the producers of knowledge have constructed the VOs as deviant will help elucidate why, for some, the anger label has been misapplied. For example, in New York State, a person convicted of burglary (including breaking into a dwelling even when no one else is there) is officially labelled a violent offender. For Becker (1963), an act is not deviant because of the quality of the behavior itself, but because someone in a position of power, who Becker calls a "moral entrepreneur," has labeled it as such. These "moral entrepreneurs" define an act as deviant by presenting the act as immoral and at odds with social values.

Labeling has serious consequences for the discredited including limited opportunities for personal growth and wellbeing. People who have been stigmatized with a label may find that they must resort to alternative ways of securing their needs, which may include more deviant behavior, like additional acts of violence to obtain money. According to Duster (1970), "The behavior in which persons indulge is often less important than the social category from which they come" (p. 247). Social inequality and the larger social structures that label groups as deviants and limit the "deviants" (VOs, the poor, people of color) to other deviant activities (robbery) as a mode of survival. The same institutions that operate to support public safety, also reproduce inequality by legitimizing claims of deviance. There are three subprocesses that support the reproduction of inequality and are visible in the treatment of VOs. These include: 1) "Oppressive othering," where the dominant group employs moral, intellectual, or essentialist discourses to justify the assignment of inferior status to members of less powerful groups; 2) " the creation of powerful virtual selves," where a particular form of impression management reinforces the dominant role of the powerful through supportive facework and the obscuring of backstage action; and 3) "defensive othering among subordinates," a mechanism of differentiation as a means for those in lower status groups to achieve higher status in a process that disrupts solidarity of the oppressed and reinforces the rationalization for dominance by the powerful group (Schwalbe, Holden, Schrock, et al., 2000, p425).

Mandated AM encompasses all three of these subprocesses. First, by constructing all people charged with violent crimes as angry and violent people in need of treatment and unwilling to go voluntarily. Second, the creation of anger experts who facilitate groups but have no formal training or

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evidence-based practices. The final point becomes clear upon entering programs run by formerly incarcerated people or peer-run programs. These programs often create dynamics that prevent solidarity by creating false hierarchies.

Justifications for Violence

The ability of VOs to maintain prosocial identities as employees, husbands, and fathers and still engage in behavior that would be categorized as violent creates a paradox addressed in this theory. This theory in the context of the VOs mandated to AM is whether VOs attribute the change in violent offending as influenced by their participation in AM. Some claim that AM provided useful skills for anticipating and preventing violence, but most describe subsequent acts of violence and recent acts of violence as inevitable and justified. This diverges from the rage they are being taught to control in groups, in that violence in their home and community are situated as outside the scope of AM techniques. In other words, the curriculum can be useful but their daily violence is so intractable that AM would not apply. Instead, it is used to participate in the group. Memorizing and recapitulating phrases that may be acronyms and sharing sometimes conjured stories of frustration, while situations at home may be reaching a breaking point. Sykes and Matza (1970) analyzed the thinking patterns of groups of offenders and concluded that "much delinquency is based on what is essentially an unrecognized extension of defenses to crime, in the form of justifications for deviance that are seen as valid by the delinquent but not by the legal system or society at large." (p. 259).

Excuses and justifications, as termed by Sykes and Matza (1957) refute the criminological dogma that people who commit crime do so because they subscribe to a criminal subculture that heralds law-breaking and violence. In an extension of Neutralization, known as Drift, Sykes and Matza (1957) argue that even individuals who offend violently may still have a strong bond to conventional society and consider themselves as "good." To reconcile their law breaking with this self-image, some VOs employ neutralization techniques designed to assuage anticipated guilt and permit them to commit the act. Traditionally, this theory has been used to explain the type of people who "drift" in and out of crime while still living "normal" lives.

A study of batterers conducted by Jayne Mooney (2007) explores the "paradox of how violence can both be a public anathema and a private commonplace." Her research applies techniques of neutralization as developed by Sykes and Matza in their influential article 'Techniques of Neutralization'

(1957), where they attempt to explain why juvenile delinquents, instead of exhibiting a commitment to crime and violence, as supposed by the classic subcultural theorists (e.g. Cohen 1955; Cloward and Ohlin 1960), often exhibit remorse, express a general commitment to law-abiding behavior and are selective in their targets (Sykes & Matza, 1957; Mooney, 2007). Studies demonstrate how convicted batterers or rapists justify violence by blaming the victim or external forces beyond their control (Scully & Marolla 1984, 1985; Mooney, 2007). Men describe women as seducing them or lying about the rape or enjoying the assault (justifications). Others blamed alcohol or mental problems (excuses). In this way, male offenders use rape myths about women and sexuality in order to socially construct and redefine their behavior as coinciding with cultural values. This relates to Sykes and Matza's (1957) dual notion of techniques of neutralization and subterranean values.

Instead of adhering to a culture of violence, the VOs in Sykes and Matza's research (1957) confirm that even people whose actions fall outside of the norm generally uphold conventional values against which they make exceptions based on five techniques of neutralization: 1) Denial of responsibility: Offender will propose he is a victim of circumstance and that he is pushed or pulled into situations beyond his control ("It wasn't my fault!"); 2) Denial of injury: Offender supposes that his acts really do not cause any harm, or that the victim can afford the loss or damage ("Why is everyone making a big deal about it; he didn't die!'); 3) Denial of the victim: Offender views the act as not being wrong, that the victim deserves the injury, or that there is no real victim ("We didn't go for the nanny, we didn't go for the wife or the kid, we went for him, just so happened that he wasn't home). 4) Condemnation of the condemners: Condemners are seen as hypocrites or reacting out of personal spite, thus the offender shifts the blame to others, repressing the feeling that his or her acts are wrong. ("They probably did worse in their day!") and 5) Appeal to higher loyalties: The rules of society often take a backseat to the demands and loyalty to important others. ("My friends depended on me, what was I going to do?!").

These are not ad hoc justifications after the incident but are like Mills' vocabularies of motive (1940); they are motives widely available within society, which permit the dominant values to be neutralized. Importantly, such negotiated motivations are not invented by the individual but are co-opted as part of a cultural resource of available motives. In violent communities, these motives may be more familiar and even expected. This is not to say that people from poor communities use these techniques

more, but that the values of people who use these techniques may not differ from people who do not commit violence. Anderson (1999) explains that violence is rooted in the Code of the Street, which emphasizes the role of structural conditions in creating violent codes of conduct. These cultural manifestations can be traced back to the isolation and alienation that results from the lack of decent work opportunities and housing conditions and the lack of faith in the criminal justice system. VOs entrenched in violent lifestyles also tend to follow a "code of the streets" value orientation (Anderson 1999) which rewards social and legal transgressions. They are more likely to employ neutralizations when they fail to uphold street or criminal values; that is, for hardcore offenders, being "good" is "bad," and neutralizations are aimed at protecting a rough-and-tough self-image rather than a law-abiding one (Topalli, 2006).

Techniques of neutralization have been used to explain how generally law-abiding citizens can be unlawfully violent in the privacy of their homes (Dobash & Dobash, 1998; Hearn, 1998; Ptacek,1998; Anderson & Umberson, 2001; and Cavanagh et al. 2001). Other types of violent acts have been explained by Cohen in States of Denial (2002), who uses the concept of neutralization to explain how 'normal' Germans could bring themselves to be involved in the mass slaughter of Jews. Young (2007) uses techniques of neutralization to explain acts of terrorism. Called 'Aligning actions,' Stokes and Hewitt (1976) consider crime, deviance, and violence as more than just faulty socialization, but able to "restore or assure meaningful interaction in the face of problematic situations of one kind or another" (838). In this way, violent behavior coincides with norms about race, gender and social control. Violence is depicted as common and functional, if not inevitable.

In their second article, 'Delinquency and Subterranean Values' (1961), Matza and Sykes argue that beneath the 'official' value system of society, which amongst other things condemns violence, is a value system which extols violence and aggression. The theorizing of widespread subterranean values, which permit and extol violence, suggests that the causes are not so much located in a distancing from consensual values but rather that the techniques of neutralization allow the passage from one core value system to another. Matza and Sykes (1961) point to the widespread existence of violent acts and aggressive themes in society drawn from war, social conflicts, movies and television. They point out that the acting out of aggression and toughness is widely heralded as ''a proof' of masculinity (Sykes and Matza, 1961, p. 716). In this way, the violence of some of the VOs, can be seen as adhering to the

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dominant norm of how they are socialized to behave. Techniques of neutralization by themselves do not explain why deviance occurs, because it does not explain the attractions of deviance in the first place. The techniques of neutralization should not be thought of as individual exceptions but a value system, "more akin to private as opposed to public morality...They are values that the individual holds to and believes but that are also recognized as being not quite comme il faut" (Sykes & Matza, 1961 p. 716).

To understand means of reducing violence, researchers Felson and Ribner (1981) examined court records from 226 men convicted of violent crime in New York. Their data shows that denying responsibility for their crime results in receiving harsher sentences because, to the court, "it appears that denial of guilt shows lack of remorse, i.e. misalignment with the social order" (141). Even though a show of remorse can help a person achieve parole, the social construction of a victim is also shown to be a factor in what type of treatment VOs may require. For example, the authors code justifications using data from court proceedings using two categories: 1) Self-defense; 2) A combination of: mentions of victim wrongdoing, conflicts with victim and helping another. The people in the second group were sentenced to maximum sentences of nine years while those denying their crime served (on average) fifteen years (Felson & Ribner, 1981). The authors also explored justifications like mentions of victim wrongdoing, conflicts with victim and helping another person, blaming the victim (mentions of victim wrongdoing, conflicts with victim) or appealing to a higher authority, like a gang or friend requiring their support, are aligning actions that create the offender as less culpable and resulted in shorter prison sentences for offenders who use these rationales than for those who did not. This demonstrates that holding the victim culpable can impact judicial outcome. This may play a role in motivating VOs to paint themselves this way for judicial proceedings, and in doing so, internalize these rationalizations.

The literature of the last 50 years has reflected and shaped the discourses, objectives and technologies of the new penology. Responsibilization and risk became the major conceptual tools around which research on release, reentry and resettlement was discussed and this mirrored the shift away from rehabilitation and onto administration. As a result, a large body of the literature is focused on the development of techniques to deal with what Landreville (1982) referred to as an obsession with recidivism.

AM Program Evaluations

Evaluations of programs with unintended negative effects typically cite a mixture of program conception and implementation problems as barriers to achieving positive effects. With respect to AM programs, a good summation is offered by Elliot Currie:

> The best of them do work, and they work remarkably well given how limited and under-funded they usually are. But it is a mistake to regard them as a cure for problems that are rooted in much deeper structural ills of American society (Currie 1998, 98).

One example is a reentry program, Project Greenlight, which was designed to provide pre-release cognitive behavioral therapy to offenders transitioning from incarceration to the community (Wilson & Davis, 2006). Although designed to offer an evidence-based practice, the implementation was less than optimal. Upon evaluation, Greenlight demonstrated that more incarceration has a positive impact on mental health, rather than its initial goal of diverting mentally ill offenders from jail. Because of this, Greenlight has since become a cautionary tale for reentry program providers. The lesson to learn from these errors, according to the program's designers, is that it is important to ensure fidelity to the program model, as ineffective programs may not be simply innocuous but actually increase the chances of recidivism and revocation (Wilson & Davis, 2006). The advice gleaned, to always use an evidence based model and adhere to its design, is difficult for designers of AM since as a program, AM is not one standard model and there is no agreed upon standard by which to judge AM models.

Over the past few decades, counseling has replaced traditional community service assignments as the theoretical and philosophical foundation of court-ordered treatment shifted based on principles of therapeutic jurisprudence (TJ) (Shearer, 2003). The term therapeutic jurisprudence, coined in 1987, describes the process in which the legal system provides therapeutic measures for people involved in criminal behavior (Shearer, 2003; Sanderfer & Johnson, 2015). Although it is usually thought of in terms of community courts and drug courts, AM can be seen as an extension of this principle. The idea that the offender must be coerced into treatment and that the treatment should address an individual, not family or community-level factors. The criticism of this approach is that it emphasizes personal responsibility of the individual while ignoring the bureaucratic and political morass that structures the offender's situation‖ (Thompson 2004; Miller 2007). This problematic structure is explored more in-depth later in this literature

review. First, the assumptions underlying AM must be considered. In particular, the connection between anger and violence.

There is a lack of empirical evidence to support a significant relationship between anger and violence in the literature, and anger has been shown to be comparable among noncriminal populations and criminal offenders (Loza & Loza-Fanous, 1999), which would bring into question the role of mandated AM, particularly as a blanket referral without first assessing the VOs for their role in the crime or the role of anger, or their current mental health status. Despite these arguments, anger is claimed to operate in sequence with aggression and is therefore associated with physical violence (Blacker, Watson, & Beech, 2008; Howells, Day, Bubner, et al., 2001) making it appear, on the surface, to be a logical target for reducing offending for people charged with violent crimes (Groth & Birnbaum, 1979; Blackburn & Coid, 1999). Violence and aggression are similar, but as can be seen upon closer examination, not interchangeable. Violence is a form of aggression where the harmful intent is more severe (Anderson & Bushman, 2002). While violent behaviors are all inherently aggressive, all aggressive behaviors are not necessarily violent, but both can result in murder. Aggression can occur, even without any injury; by instilling fear or shouting racial slurs. Aggression is an all-inclusive category that refers to a wide array of behaviors that harm another individual where the transgressor intends to cause the harm (Knickerbocker, Heyman, Smith & Slep, 2007).

For the purposes of this dissertation, most of the violence reported by VOs involves acts in which some person was harmed or feared for his or her life. The VOs' classification includes people who were carrying, but not using, weapons. Being armed is still considered a form of violence as the weapon is meant to intimidate and cause fear. While this may seem repetitive and semantical, these distinctions become important when trying to identify a key intervention to reduce violent recidivism for all people who are charged with a violent offense and under parole supervision. People whose crimes are motivated by securing money for an addiction, for example, may find that they cause injury during robbery, but are neither angry nor intending to cause injury. This may seem like an insignificant distinction, particularly if the harm is the same, but when seeking to reduce the outcome of violence, understanding the original catalyst for the violence may prove useful. The rationale that additional treatment, like AM, will enhance public safety, runs counter to a recent study suggesting that people convicted of serious violent crimes

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actually have disproportionately low recidivism rates, the lowest of all crime categories (Marquez-Lewis, Fine, Boudin et al, 2013).

Recidivism, defined as a return to prison for a violation of parole or re-arrest, for serious VOs, when it did occur, was more commonly from a revocation of parole due to technical violations, rather than from new crimes (Marquez-Lewis, Fine, Boudin et al, 2013). Furthermore, when VOs committed new offenses, they tended to be nonviolent in nature (Marquez-Lewis, Fine, Boudin et al, 2013). It seems violence is not always caused by anger, so why is anger the target of treatment for all VOs? If the goal is to focus selectively on the causes and risk reduction of violent offending in violent offenders, we need a much clearer, more comprehensive theoretical basis on which to do so. Research shows that before they begin parole supervision, people expect that their parole officers will help them with their transition (Urban Institute 2008). For example, prior to release, more than 80 percent of participants in the Urban Institute's Returning Home study expected their parole officer to assist with their transition. This is not surprising given that facilitating reentry is generally part of a parole officer's job. The New York State Division of Parole handbook (2010) makes this clear and in explaining the responsibilities of a parole officer, prioritizes the function of assisting with reentry:

> The Field Parole Officer's job is to assist your reentry into the community and to protect public safety. When you are released from a correctional facility, you may have difficulties upon returning to the community. You may have trouble finding a job or a place to live. You may also have difficulty reestablishing relationships with family and friends, or abstaining from the use of drugs or alcohol. The Field Parole Officer's job is to counsel you, refer you to appropriate services, and to assist you in developing positive ways of solving your problems to promote the likelihood of your success. The assistance you receive will depend on your needs. Parole Officers also ensure that individuals under parole supervision are obeying the laws of society and the rules of parole. Like other peace officers, Parole Officers can make arrests, conduct investigations, search parolees, and apprehend parole violators (18).
> However, after release, just half reported that their officer had actually been helpful (Urban

Institute 2008,18).

Instead, parole officers mandate VOs to attend AM, typically during the first few weeks of a VOs' reentering from prison. Parole is both exclusive and inclusive (Rose, 2000); it disconnects parole subjects from full citizenship while simultaneously promoting rehabilitation and reintegration. At the same time, parole is more oriented towards protecting the public through preventing paroled subjects from committing future crimes. Through regulation and supervision, parole seeks to be a mechanism for minimizing risk and protecting 'the community'. These three elements – punishment, reform, and risk

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control – all exist simultaneously (Werth, 2013). In theory, the multiple goals and elements of parole are designed to work in concert, like mandated treatment. Regulating and supervising individuals in the community after prison is designed to reduce their risk of reoffending while at the same time, providing reentry support in the name of enhancing public safety. In this way, parole embodies the same contradictory elements as mass incarceration, zero-tolerance policies, actuarial classification, therapeutic justice, and targeted rehabilitative programming (Werth, 2013, O'Malley, 2002; Rose, 2000; Vaughn 2015). These are all attempts to isolate and treat a problematic population, but in essence creates the target of its construction.

Parole enforces rules, or conditions, that apply uniformly to all and include, for instance, requirements that individuals not travel more than 50 miles without prior approval and that they submit to search of person and home without the requirement of a warrant. VOs have the additional condition to attend AM, representing a form of targeted governance (Valverde & Mopas 2004), in that they are determined to require additional regulation based on the classification of their risks and needs. If the VOs fail to comply with these conditions, regardless of the merit, then they can be 'violated' by parole and have their parole revoked, meaning that they can be re-imprisoned. For many VOs, there is an additional five-year prison term attached to technical violations, the result of legislation targeting VOs as a group. Despite extensive exploration in literature positive (or null) empirical findings on legal, formal, and informal social pressures support the claim that coercion works in treatment and is a viable strategy for initiating treatment among those who would not otherwise voluntarily seek it (Leukefeld & Tims, 1988; Nace et al., 2007). AM is coercive in that there are negative consequences for non-participation in treatment (Day, Tucker, & Howells, 2004). The overall lack of qualitative and research-oriented literature on AM for VOs, despite the increase in demand for this mode of treatment, supports the assertion that AM, may represent the expansion of the punishment system by rendering it more flexible, cost effective and legitimate (Halley, 2012).

Mandated AM may be conceived of as a way of reducing feelings of anger, but it can also be used as a means of increasing surveillance by parole. A main objective of parole officers is to achieve greater control over VOs by increasing monitoring of high risk people on parole which, at least in principle, prevents illegal conduct while simultaneously detecting and punishing VOs who do not comply

(Mary 2007). This emphasis on monitoring rather than on reintegration has not been lost on VOs and has been shown to produce the exact opposite of the goal of AM (Kemshall, 2007, p. 273). Rather than providing a therapeutic milieu to exchange resources and reduce feelings of frustration, AM groups can become places that drain resources for VOs and increase feelings of anger and impotence.

A qualitative study of people on parole, found that feeling monitored can be a main factor in the decision to avoid their parole officers (McMurray, 1993). Mandated AM neglects factors crucial to reintegration after prison like viable employment, educational attainment, or housing. Success for VOs mandated to AM is typically measured by the efficacy of increased control, such as attendance or program completion which seems to take precedence over quality of life measures or reintegration. If the focus is only on measuring how successful the individuals mandated are at complying, instead of whether the treatment was relevant or implemented well, implies that those who are unsuccessful have been helped to a lesser degree or were wholly unaffected. This idea runs counter to research by Craig Dowden and Ralph Serin (2001) who show that program dropouts have the highest rate of violent re-offending (40%), compared with both untreated (17%) and treated (5%) groups of offenders. Such findings underscore the importance of considering the nature of treatment readiness in VOs, particularly if dropping out of a program doubles the likelihood of violence over no intervention at all.

In a meta-analysis of 129 studies, Parhar, Wormith, Derkzen, and Beauregard (2008) look at the role of coercion in mandated treatment by comparing the effectiveness of mandated treatment to voluntary correctional treatment in terms of reducing recidivism. Overall, coerced treatment was found to be ineffective, particularly when the treatment took place inside custodial settings. In contrast, voluntary treatment produces significant treatment effect sizes, regardless of setting. Other researchers, however, report empirical findings in support of coerced treatment (Brecht, Anglin, & Dylan 2005; Farabee, Prendergast, Anglin, et al., 1998; Gregoire & Burke, 2004; Lurigio, 2002), but few of those studies look at VOs and all of them were focused exclusively on addiction treatment. By definition, mandated clients have been labeled by practitioners as 'resistant, hard to reach, hostile, and unmotivated' (O'Hare, 1996, p. 417). At the same time motivation for people who are mandated treatment has not received the attention it deserves in the academic and professional literature (McMurran & Ward, 2004). One reason may be that motivation is difficult to conceptualize as a dynamic variable, even honest self-report data

may change within minutes or when a counselor changes. Literature on motivation in AM that focuses on uncovering ways for service providers to effectively engage noncompliant previously incarcerated individuals (Parent & Barnett, 2004; Taxman, 2014) view engaging participants in a process of change as a necessary, sometimes sufficient, condition for behavioral change to take place (Marshall & Burton, 2010; Ross et al., 2008).

Some research suggests that at least a quarter of therapeutic change observed can be directly attributed to the nature of the relationship formed between the client and the treatment provider (Kozar, 2010). One barrier to forming the necessary connection with a therapist is that AM is not consistently administered by a clinical psychologist. The requirements for a facilitator vary widely depending on where the group is administered (ie private clinic or non-profit program). Facilitators can be formerly incarcerated peer workers, licensed clinical social workers, interns, volunteers, or ministers. Legal coercion into treatment involves stripping a person of some rights and liberties, and may be perceived as punishment (Watson et al., 2005), regardless of whether it is framed as treatment. One study of levels of motivation to change showed that although over 10 times as many court-ordered versus voluntary clients were classified as pre-contemplators, or people who have not yet started to think about change (O'Hare, 1996), over one-quarter of court-ordered clients were either thinking about changing, actively engaged in doing something about the problem, or trying to maintain previous gains in dealing with a problem. This research could be interpreted to suggest that client growth and change have the potential to occur *despite* force to engage in counseling (Sanderfer & Johnson, 2015).

Punishment as Treatment

The negative effects of AM may be significant enough to cause a person on parole to abscond or cease reporting to parole (Marquez, 2013). For some VOs, the negative attitudes that lead to reoffending can be transmitted during AM treatment. Another negative impact of coerced treatment is due to what Dr. Michael Linden calls, "posttraumatic embitterment disorder" (Los Angeles Times, May 19, 2009). This occurs after receiving treatment that a person deems to have been unfairly proscribed. People can suddenly snap, if they feel subjugated by parole mandates, particularly if they are perceived as unnecessary or humiliating. The VOs mandate to attend AM comes during the initial stage of reentry from prison. This would seem to require different and additional aspects than standard AM. The fact that most AM groups are unresponsive to reentry is not surprising given the accepted norm that, "Program, policy,

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and legislative reform often better serve those who design, and administer and regulate these reforms than they do those for whom the reform policy and programming were supposedly intended" (Clough & Fine 2007, 267).

Political, public and academic rhetoric strongly suggests that rehabilitation has faded from contemporary penal practice (Allen 1981; Feeley & Simon 1992; Logan & Gaes 1993; Wilson & Herrnstein, 1985). However, upon close inspection, a number of indicators point to the persistence of rehabilitation, albeit in conjunction with punishment. Foucault, and a variety of scholarship that draws from his work, calls attention to the importance of examining the micro-processes of punishment (Foucault 1977, Rose 2000, Hannah-Moffat 2005).

In the beginning of *Discipline and Punish* (1977), Foucault describes three mechanisms prisons use to produce trained and docile bodies. These same mechanisms manifest as mandated AM is doled out by parole officers to the VOs. These mechanisms serve an ulterior motive for the criminal justice system. Rather than instructing formerly incarcerated VOs in techniques for managing anger, AM accomplishes what Foucault terms: hierarchical observation, normalizing judgment and the examination. Hierarchical observation is what Foucault refers to as "eyes that see without being seen," the premise that through observation, behavior can be controlled. Hierarchical observation is part of the coercive mechanism of Discipline in that the goal of observing is to produce a change in the body, typically in the form of greater compliance (Foucault, 1977). The term 'hierarchical' refers to the notion that the body is observed by a higher ranking individual. The person being observed is aware of their lower rank due to an assigned inadequacy, that causes them to need supervision, through parole or treatment providers, until he or she is aligned with "normal" society (Foucault, 1977). The label the VOs experience through the mandate to attend AM and then once in the group as a 'participant' and more likely, 'parolee' label separates them from staff and sometimes other people in the facility. This status is assigned to them based on the nature of their crime as violent and therefore rendering the VOs as risky. This just reinforces their lower ranking. Foucault used the example of a panopticon prison structure, but the metaphor works just as well in terms of anger management as an extension of parole supervision. This is the exploration of parole as a means of surveillance.

The second instrument discussed by Foucault (1977), 'normalizing judgment,' excludes the body who is non-conforming. In order to normalize this 'other,' Foucault cites the micro-penalty as a central concept (1977). The micro-penalty is a system of punishment for small infractions of behavior -- such as lateness being punished by a parole officer issuing an earlier curfew to a person he or she supervises. Micro-punishments can be deprivations and humiliations, but the primary goal of these punishments is to make clear that that those who do not conform are eligible for punishment. Foucault describes punishment for VOs frequently consisting of intensified and repetitive forms of training, like repetitive writing, or repeating a class. AM in this case is a repetitive form of punishment for violent crimes, imposed while in prison, upon release, and then for any infractions involving violence. Within AM, there are also punishments for non-compliance, these can include having to report to parole with more frequency. Additional programming may be added to address an infraction like smoking marijuana or drinking alcohol. Curfews can be shortened from 9pm to 7pm and the parole officer can also make frequent appearances at the VOs work or home.

Foucault's third device for discipline is the examination. Through the examination, Discipline's normalizing gaze justifies the power and right to surveil, judge, and punish (Foucault, 1977). The examination allows for the collection and documentation of domains of knowledge which are then used to define categories and classify where a body may fit within these categories. In this way, examination is able to sort the normal from the abnormal:

> The examination surrounded by all its documentary techniques makes each individual a 'case'. The case is the individual as he may be described, judged, measured, compared with others, in his very individuality; and it is also the individual who has to be trained or corrected, classified, normalized, excluded, etc. (Foucault, 1977, p. 191).

The examination is to make sure the subject is monitored (Foucault, 1977) so the individual body can be targeted for the discipline; the higher ranking power can be assured of its hold over the subject (Welch, 1996). The way parole officers mandate VOs to treatment, determining the VOs' deficit and prescribing the remedy. It is through continuous surveillance, observation and documentation that the disciplinary mechanism of normalization is most fully exercised and distributed throughout society and to the individuals that exist within it, whether they are in the free community or the prison (Foucault, 1977). For VOs on parole, weekly, sometimes, more frequent mandated treatment is a constant reminder and evaluation of their status as a violent person needed to be watched and taught to manage themselves.

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In this framework, the focus is not on the mechanism that punishes, but the goal of the system to normalize the behavior deemed unfit (Foucault, 1977). Like the panopticon, the system of parole and its ancillary disciplines (law enforcement, clinical professionals, criminologists) are committed to the production of 'the delinquent' (Foucault, 301), or in this case the 'violent offender.' This dissertation does not examine the post-prison industrial complex that benefits from this mode of production, but rather asks how it feels, or to what extent are individuals cognizant of the role they play in this process and the dramaturgy that ensues.

The Foucauldian framework does not discount the role of agency or value structural factors as more important than individual will. At the same time, policymakers, researchers, and clinicians overlook the role of discipline in mandated treatment, and more scholarly attention should be paid to the obstacles this may create to reintegration (Haney, 2003). The Foucauldian framework can be used to understand how the institution affects the individual, even after completion of a prison sentence. Irwin (1970, p. 107) describes the prisoner's challenge of "withstanding the initial impact" of moving from institution to community. Visher and Travis (2003, p. 96) argue that understanding the "pathways of reintegration after prison release" involves focusing on "the complex dynamic of the moment of release." Risks to health, mostly related to drug overdose, were found to be acute immediately after incarceration (Binswanger et al. 2007). Despite severe risks, program intervention may be most effective in the first months of community return (Redcross, Bloom, Jacobs, et al. 2010).

There is reason to see the period of incarceration and reentry as an important period to offer strength-based interventions. In a study examining the influences of fatherhood and incarceration in men's criminal careers, Edin et al. (2004, p. 69) assert that "prison may function as a turning point and an opportunity to redirect one's life for those fathers whose lives have become so out of control (usually because of alcohol or drug addiction) that they need a powerful shock or a highly structured environment, like prison, to break their downward spiral." Rather than seeing their incarceration as a rupture in their relationships with their families, the men in Edin's study who had this "turning point" experience used imprisonment as a "time out" that helped them reenter their children's lives as more committed, attentive fathers (Nurse 2002, pp. 61–71).

CHAPTER TWO: VIOLENT OFFENDERS

Any discussion of VOs should first qualify that the category of violent offending is a social construct and encompasses people for whom aggression produced harm, as defined by their criminal convictions, but this harm is not limited to behaviors that include physical force (Green, 1990). One example of a crime that's legally defined as "violent" in many states even though it doesn't necessarily involve any actual violence is illegal gun possession. Other examples include burglarizing an occupied dwelling or serving as a getaway driver while someone else commits an armed robbery. Statutory rape stemming from consensual sex between an adult and a minor is also typically classified as a violent offense. Simply possessing a weapon, without using it, is enough to elevate a crime into the category of violence and thus require AM as a matter of course.

When discussing VOs and anger, it is worth noting that aggressive behavior can be a means for "securing extraneous rewards" and does not require the intent to injure, yet may bring about inadvertent harm to others (Bandura, 1977, p. 3). VOs are often negatively stereotyped, as evidenced by their mandate to attend AM, which presumes that offenders are unwilling to seek help voluntarily and unable to control their anger. This is on top of the stereotype of former prisoners as dangerous, lazy, manipulative, and troubled. As a result, reentrants are not warmly welcomed back into society, regardless of where they returning to after prison. A great deal of research is dedicated to understanding the characteristics of people who commit violent crimes. The prevailing view of VOs is that of 'a risky population to be efficiently and prudently managed' (Hannah-Moffat 2005, 30). The management of VOs exemplifies the distinct conceptions of risk: people at risk, susceptible to the effects of various factors upon their behavior; and risk-taking people, who 'present a future risk to others' (Rose 2010: 80). The binary terms of normal/abnormal, non-violent/violent constructs VOs as a population of risky individuals to be 'managed' translating the VOs into the 'offender client' (Giddens 1999). The use of medicalized language directs the intervention to within 'the offender,' not social, political, and economic conditions. This expansion of the disciplinary aspects of the contemporary prison extends out into the community.

A walk through low-income neighborhoods like East Harlem, New York, reveals temporary guard towers, bars around buildings, and a palpable police presence. Disproportionate numbers of residents are under state supervision and ordered into nearby services. VOs in criminal justice system become 'clients,' spawned by the union of managerial and consumerist discourses, recasting VOs as active agents in the

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delivery of justice outcomes, 'consumers' of mandated criminal justice 'services' (Donohue & Moore, 2009). Underlying their construction as 'active participants in their own punishment and correction' is the assumption that 'they are choice making, free subjects' (Donohue & Moore 2009: 320), yet the mandate of VOs to treatment nullifies this choice making. The offender client is managed through the dual process of "autonomization" and "responsibilization" (Rose 2000; Moore 2012). Clients assume the capacity to free themselves of their behavior through compliance (O'Malley, 2002).

Parole agencies tend to treat victims and offenders as though they were separate entities (Lisak, 2001). This distinction may serve to insulate criminal justice workers from the psychological discomfort of acknowledging the coexistence of the "good and evil victim and perpetrator. within the same individual and sometimes even at the same moment in time" (Lisak, 2001, p. 287). But it is necessary to examine these distinctions more closely to match rehabilitation services with the needs of people who have committed violent crimes. The dynamic interplay between would-be offenders and would-be victims was an interest to early victimization researchers such as Von Hentig (1940; 1948) and continued to attract attention from others such as Luckenbill (1977) and Katz (1988) who are interested in interactive and situational aspects of violent offending and victimization. This line of research finds that who becomes an offender and who becomes a victim within a particular violent event is often based on the immediate social interaction. Many times the initial offender becomes the ultimate victim and vice-versa. Luckenbill (1977: 185) remarks that "murder is the outcome of a dynamic interchange between an offender, victim, and, in many cases, bystanders." His research shows that the line between offenders and victims is cloudy and that both parties escalate the violent situation by trying to save face through acting aggressively. Similarly, Katz (1988) writes about the "badass" who acts tough and resorts to violence if disrespected. However, there are many "badasses" on the street, and when there is conflict among one or more, there will be some winners (those who we may call offenders) and some losers (those who we may call victims). The next time the "badasses" meet their roles may be reversed. In sum, evidence suggests that violent victims and offenders may be more similar than they are different.

Many VOs reference the pangs of growing up poor with violent parents. This has been confirmed by prior literature that shows evidence that parents' reduced tolerance for stress can lead to uncontrolled aggression and an inability to manage acute crises. Parents living in poverty have more mental health

problems, exhibit more coercive and punitive behaviors, and have more negative life events, which in turn

increase punitive, harsh, and inconsistent parenting behaviors (Duncan & Rodgers. 1988; Mcleod &

Shanahan 1993). Because the neighborhood can be viewed as the ecological niche where families

function, its conditions may compound or counteract the deficiencies and vulnerabilities of parents.

The pernicious and lasting effects childhood maltreatment including physical, sexual and psychological

maltreatment or neglect, has on its victims partly explains why maltreatment might increase subsequent

violent behavior (Egeland, Yates, Appleyard, & van Dulmen, 2002; Johnson et al., 2002; Reidy, 1977).

Research shows that the preschool years are a period of elevated vulnerability to the influences of

poverty (Duncan et al. 1998). Sadly, this is when children are at the highest risk for being poor

(Brofenbrenner, 1996). Neighborhood factors, exposure to violence, trauma symptoms, and violent

behaviors converge in Christie's 1997 Human Needs Theory (HNT). In order to live and attain well-being,

humans have basic needs. Human needs theorists argue that conflicts and violent conflicts are caused by

unmet human needs. Violence occurs when certain individuals or groups do not see any other way to

meet their need, or when they need understanding, respect and consideration for their needs. In order to

maintain positive conditions, fundamental needs must be satisfied.

Childhood traumatization may contribute to a person using violence later in life (Farrington, 1998;

Buka & Earls, 1993; Stone & Dover, 2007; Robertson & Burton, 2010). Social learning theory's

explanation of the maltreatment–delinquency connection is that people repeat maladaptive relationship

patterns and seek out relationships that simulate early, significant attachments with caregivers (Bandura,

1977). According to social learning theory, children learn through observation and then replicate what

they have seen (Burton & Meezan, 2004). Therefore, maltreated children who become VOs would likely

commit offenses that mimic the mistreatment they suffered in an unconscious attempt to re-create their

early attachments.

In addition to a direct link hypothesized between exposure to violence and violent behaviors,

studies have found links between trauma symptoms and violent behaviors (Singer, Miller, Guo, Flannery,

Frierson, & Slovak, 1999). Children growing up and developing in destitute conditions are likely to

experience factors that can negatively impact their development (Deutsch, 1973). In early childhood,

socioeconomic disadvantage can be oppressive to poor children by impairing their physical health status

at birth and providing less access to resources that may moderate the negative consequences of those problem (McLoyd, 1998). Black and Puerto Rican children are more likely than non-Latino White children to experience long-term exposure to oppressive living conditions (Duncan et al. 1994; Jargowsky, 1994). Cumulative oppression creates pathways to long-term developmental problems while adaptations to oppression include passive acceptance, exercise of illegitimate coercive power, manipulation of one's peers, and retaliation. Each of these adaptations involves a degree of conscious resistance or fighting back in an attempt to negotiate their status.

Reintegration After Prison

Far from angering, the process of reentry is overwhelming, frustrating and anxiety-provoking (Marquez, 2013). VOs are released into a public mental health system eroded into a fragmented system of care, the rise of mass incarceration, and the retrenchment of social insurance leaving them with few treatment options, few places to live, and under the criminal gaze (Berrenger & Draine, 2013). Former prisoners report paranoia and the inability to sleep from witnessing atrocities that are common in prisons, including prisoner-on-inmate physical and sexual assaults and prisoner-on-staff assaults, (Haney, 2002). These negative psychological effects may stifle reintegration for some ex-offenders (Pogorzelski, Wolff, & Pann, 2005). The intensity of emotional and psychological strain that incarcerated offenders are subject to is manifested in the number of incarcerated offenders who commit suicide. According to Palmer & Connelly (2005), suicide is among the leading cause of mortality among incarcerated offenders. Once home from prison, the obstacles that VOs face upon reentry include limited work history, challenged credit history, private landlord discrimination, and public policies that actively exclude returning citizens from accessing public services such as public housing benefits. Furthermore, public housing tenants have the potential of eviction if a house guest or household members have been involved in illegal drug and criminal activity. Those restrictions present clear and alarming conditions that perpetuate homelessness and potentially recidivistic behavior (Harding, Morenoff, & Herbert, 2013). These factors collude to contribute to the unsuccessful reintegration of thousands of people exiting prison each year.

This research uses Harlem as the locus for this research into mandated treatment, but the neighborhood of Harlem itself is emblematic of the concentrated poverty experienced by so many residents of predominantly Black communities across America. VOs in Harlem live in concentrated urban areas with high rates of crime and drug use, even with the gentrification that has taken place around the public housing

compounds. The crack epidemic had forced the middle-class out of Harlem, leaving only destitute individuals who were too poor to leave. "Harlem was so bad by the 1980s the life expectancy of a Black man born in the 1980s was lower than that of a man coming from a similar background in Bangladesh" (Freeman, 2006, p. 27). For almost 20 years, Harlem remained a 'ghetto' until revitalization began in the 1990s (Zukin, 1982, p. 130). In his study of crack dealers in Harlem's El Barrio, Bourgeois attributes the cultural dislocation in 1990s Harlem was due to the expansion of financial, real estate, and insurance sectors (1996). As the manufacturing jobs were replaced by service sector jobs, Bourgeois' informants described being lacking access to the cultural capital required to obtain and retain service sector employment (Bourgeois 1996). Some scholars caution that although race has often been key in the closing of unionized construction labor positions for African Americans and Latinos (Bourgeois 1996), many of these groups were also blocked from the manufacturing jobs prior to their conversion into organized labor or service sector jobs (Alexander, 2013). The Harlemites in Bourgeois' study were often involved in high-risk jobs such as building demolition and high-rise window replacement, as these were the only sectors of the construction industry open to residents of New York City poor Black community residents (164).

Ten years since Bourgeois' scholarship, and to the detriment of Harlem's Black residents, gentrification in Harlem produced tremendous benefits and incentives for its predominantly White middle-class residents. Many Harlem real estate agents and city officials were able to profit by enticing Whites and foreign born residents to move into the predominantly Black neighborhood, calling it a long needed "revitalization." Today, Harlem is an 'oasis of mixed cultures perpetuated by a system of exploitation and oppression' (Lawrence, & Keleher, 2004), eroding the entire social fabric of Harlem and its original Black identity. This 'New Harlem Renaissance' was created by taking advantage of its residents by increasing the rents so much that previous Harlemites cannot afford to live there. Rises in the cost of living and increases in taxes make it impossible for individuals resettling after a long period of incarceration acclimate. Even though Harlem has better job opportunities, VOs who are mandated to midday programs after decade-long sentences, find the prospects are rather slim.

In Harlem, the high rates of imprisonment and reentry of Harlemites is emblematic of the disproportionate minority confinement experienced by African Americans throughout the country. In 2000, only 12 percent of the total U.S. population was Black but 47 percent of ex-offenders on parole were

African-American (Hughes, Wilson, & Beck, 2001). The relationship of race to violence is tenuous, particularly in terms of whether race and ethnicity underlies this disproportionate minority confinement, or if the difference should be attributed to some other variable, such as community disadvantage (Bellair & McNulty, 2005). Growing up in impoverished neighborhoods, social forces, like long-term poverty and availability of drugs and weapons, create a cycle of oppression that spans generations of families (Cullen, 1994). Without social or economic support, violent criminal behavior becomes a viable option in an environment with limited opportunities for legitimate success. Studies suggest that individual behavior cannot be attributed entirely to neighborhood characteristics (Ernst 2000; Sedlak 1997). But taking a more ecological approach to understanding the VOs returning to Harlem requires taking structural forces into account, something virtually ignored by most parole officers and reintegration service providers. In particular, examining the structural incentive to mandate individuals who have been charged with violence offenses, may prove useful, just as it is clear that there are incentives to incarcerate these same populations on technical parole violations (Jacobson, 2005; 153). Parole in New York State is responsible for thirty-four percent of the total prison admissions, marginally higher than the national average of twenty-eight percent (Jacobson 2005: 138-9, 141, 145).

In their analysis of data from the Survey of Inmates of State Correctional Facilities (SISCF) and the National Corrections Reporting Program (NCRP), Lynch and Sabol found that between 1986 and 1991, one-third of the increase in incarceration rates for African-American men was associated with violent crimes. Similar results can be found in a longitudinal study of the relationship between race, community and violence in Cleveland conducted by (Harmon, 2011). Using census data from 1990-2000, Harmon and DeFina estimated the potential effects of reducing the poverty rate in predominantly White and predominantly Black neighborhoods. Their results determined that because alleviating poverty produces similar reductions in crime in both White and Black neighborhoods, socioeconomic status on the community level is a more relevant indicator of a propensity for violence than racial status.

A qualitative study conducted through the Karolinska Institute in Stockholm, Sweden sought to elucidate the violence relapse process among mentally disordered offenders (Haggard-Grann & Gumpert, 2005). One observation identified by the offenders in the Karolinska study was that feeling powerless or violated was likely to lead to their use of violence (Haggard, Gumpert, & Gran, 2001). Interestingly, this

same theme has been found to be likely to lead to aggression and delinquency in survivors of childhood abuse and neglect (Finkelhor, Ormrod, Turner, 2007; Heide & Solomon, 2006). Other literature on VOs establishes that violence can be attributed to more than a history of childhood traumatization: substance abuse, untreated mental illness, family dysfunction, socio-economic status, gender, and race can all lead to violent offending (Bellair & McNulty, 2005; Briere, 1992; Finkelhor, Ormrod, Turner, et al, 2007; Friedman, 1998; Goldstein, Goldstein, & Kalbeitzer, 2006; Harmon 2011; James & Glaze, 2006; Kupers, 2001; Monahan & Steadman, 1994; Mumola & Karberg, 2006; Sauvola, Koskinen, Jokelainen, Hakko, Jarvelin, et al, 2002; Taubman, 1986).

Different prison environments offer varying accounts of the numbers who suffer from different types of mental illness. The Bureau of Justice Statistics found 23.5% of state prisoners met DSM-IV criteria for major depressive disorder and that psychotic disorder was found among 15.4% of State prisoners (James & Glaze, 2006). This does not even account for the undiagnosed. These numbers paint an important picture of the prevalence of mental illness among offenders being released from prison. The stress of incarceration, where it has been documented that offenders often receive inadequate treatment or none at all, can drive mentally ill offenders even further into their illness (Haney, 2006; Kupers, 1996), almost ensuring that the inappropriate behavior and cycling in and out of the criminal justice system will continue (Haney, 2006). However, both in the prison system and upon release, the correctional system continues to be in control of, and provide an inadequate level of, mental health care (Haney, 2006). In a study of prison psychologists, researchers found that they only spend about 26% of their time providing direct treatment (Boothby & Clements, 2000). The average masters-level psychologist to prisoner ratio was 1:750 and the ratio of doctoral-level psychologists to prisoners was 1:2000. It was also found that highly-trained psychological professionals are being replaced by paraprofessionals (Boothby & Clements, 2000). These individuals tend to be less experienced. This does not mean they are less capable, but the problem with people who are not experienced, particularly in AM, is summarized:

> When faced with client anger, trainees may respond defensively, use avoidance behaviors, attempt to reduce the anger by focusing on content, resort to problem solving rather than addressing and exploring the client's anger, or respond to therapist-directed anger with reciprocal anger" (Hess, Know, & Hill, 2006, p. 282).

Substance abuse has been well-established in the literature as a precipitant or direct causal factor for criminal behavior (Center for Substance Abuse Treatment, 2005; Friedman, 1998; Goldstein, Goldstein, & Kalbeitzer, 2006; Neale, Bloor, & Weir, 2005). Substance misuse can cause a range of physiological and cognitive impairments, including loss of impulse and emotional control, which can lead to a greater likelihood that a person will become irrational or agitated, misinterpret the intentions of others, and engage in violence (Friedman, 1998). In one study, half of the male participants recruited from substance abuse treatment facilities had engaged in moderate or severe violence toward a partner, and nearly 67% had engaged in moderate or severe violence toward a non-partner (e.g., friend, stranger, boss, co-worker, or a person in a bar) in the year prior to the study (Chermack, Walton, Fuller & Blow, 2001).

People convicted of violent crimes tend to receive long sentences, which result in prisoners incorporating the exploitive norms of prison culture, even after their release. This can be seen in demonstrations of toughness, domination, and the willingness to exploit others (McCorkle, 1992). Behaviors that are necessary to survive the environment in prison become internalized patterns of thinking (Haney, 2002). For VOs whose offenses typically garner a sentence of at least a decade, the long periods of time in correctional facilities has intensified their institutionalization—that is, people's "normal reactions to a set of pathological conditions" that result in "habits of thinking and acting that are extremely dysfunctional outside the prison walls" (Haney 2003, pp. 37–38).

Many former prisoners show signs of dependence on external constraints to regulate their behavior, as well as signs of hypervigilance, suspicion, psychological distancing, the inclination to exploit others, diminished self-worth, and post-traumatic stress disorder (pp. 40–46), all of which make it difficult for them to form or reform supportive and trusting personal relationships. The criminogenic character of the prison is self-evident and well documented (Haney 2003; Oliver & O'Brien 2003). As Grunseit et al. (2008) point out:

> Each time [a] person cycles through the justice system personal supports are strained, skills become atrophied, financial resources are depleted and the capacity to operate well "on the outside" and without resort to unlawful means is further diminished (279).

Connections to family and friends tend to erode with lengthy terms of incarceration and histories of prolonged institutionalization. Behavioral adaptations to prison also become more ingrained (Clemmer

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1940; Flanagan 1981; Glaze & Bonczar, 2010). Long sentences and long histories of incarceration are likely to impede social integration by weakening family ties and socializing inmates into the routines and interactions of prison life. The combination of leaving prison and experiencing the impersonal coercive force of parole contributes to already high levels of stress, frustration, and anger inherent in the daily pressures to survive. The depraved material conditions which most VOs describe both prior to entering prison are often experienced, to an even worse degree, following release from custody. Imprisonment itself influences the transition to community through the effects of prison conditions on VOs. Incarceration for VOs was typically long, during formative years, in maximum security, with long periods of solitary confinement.

The post prison environment—the 'subaltern context of prisoner reentry'—can thus militate against the very ideal of reintegration towards which released prisoners and mandated treatment ostensibly aspire (Hallett 2012, 216). Findings that mandated post-release sanctions impede the reintegration prospects of people on parole, illustrate the impact mandated AM may be having on VOs (Robbers, 2009). The exclusionary effects of being labelled a violent offender, for example, like continued job loss, family breakdown, and erroneous rearrest are reinforced by legislative restrictions, revealing the sort of societal reactions encompassed in the reincarceration assemblage (Robbers 2009, 21, 22).

VOs often experience barriers and the emotional consequences including 'feelings of worthlessness may translate to future offending' (2009, 22). The mutually reinforcing dynamics of reincarceration and homelessness (Gowan, 2002) form iterative cycles of imprisonment, making it increasingly difficult for people reentering society after prison to escape (Baldry et al. 2003). This is because of a process referred to as the 'serial depletion' of resources which intensifies with each cycle of imprisonment and diminishes men's reintegrative capacity (Baldry et al. 2003; Grunseit et al. 2008). The result is sustained social exclusion. Mass imprisonment and mass reentry scholarship emphasizes, "the process of leaving prison and returning to free society" (Visher & Travis, 2003, p. 89), does not occur in a vacuum, and the community that the prisoner returns to matters. Most people released from prison return to the same hard-hit neighborhoods (Petersilia, 2003) located in disadvantaged areas (Clear et al., 2003; Lynch & Sabol 2001; Travis, Solomon, & Waul, 2001). The communities that reentrants return to are not equipped to deal with the challenge of employment, substances abuse, health, family, community, attitudes and explanations, and criminal involvement (Visher et al. 2004).

Neighborhood effects are defined as "the effects imposed on individuals as a result of living in a specific neighborhood that the same individual (or household) would not experience if living in a different neighborhood" (National Research Council, 1999, p. 54). Community violence strongly correlates in the literature with PTSD and stronger associations for externalizing problems than for internalizing symptoms (Fitzpatrick & Boldizar, 1993; Jenkins & Bell, 1994; Kliewer et al., 1998; Schwab-Stone et al., 1999). The literature also describes a process of desensitization that, over time, results in young people adopting normative beliefs about violence as a legitimate response to conflict, so that by the time they reach adolescence, they display aggressive behavioral patterns commensurate with the chronic community violence to which they have been exposed (e.g., Allwood & Bell, 2008; Ng-Mak, Salzinger, Feldman, & Stueve, 2004).   This is in keeping with social learning theory, youth who witness high levels of violence will increase their own use of violence simply by virtue of observing others behaving violently in their environments (Bandura, 1977; Margolin & Gordis, 2004).

In his grim depiction of the US criminal justice system, epidemiologist Drucker (2011) adapts a public health theory to describe what he terms, "a different kind of epidemic." To Drucker, mass incarceration represents "a plague of prisons" and a "chronic and self-sustaining epidemic" that leaves many American families and communities profoundly disadvantaged (Drucker, 2011). Like so many researchers concerned with these issues in penology today, Drucker emphasizes that the majority of our nation's prisoners are taken from vulnerable urban "feeder communities" that have experienced extreme poverty, deprivation, and marginalization. some scholars have labeled these environments "urban war zones" (Garbarino, 1999). Others have dubbed the high rate of community violence exposure in U.S. cities a public health emergency (Koop & Lundberg, 1992). By removing and incarcerating predominantly young men from already hard-hit communities, he posits that this epidemic contributes to staggering losses in the economic, political and social capital that these communities require not only to remain viable, but also to accommodate the returning number of prisoners to these communities after release.

In one study, Interviews with 191 active, noninstitutionalized "hardcore" street offenders indicates that guilt is not an issue for some VOs at all because they consider their crimes not only acceptable, but even admirable (Topalli, 2006). This has been cause for alarm in cases where the offender seems remorseless. Some offenders discount guilt not through neutralizations, but by attaching normative

definitions to their crimes (as either mundane, inevitable, or enjoyable) that preclude them from experiencing guilt in the first place (Topalli, 2006). This can be seen as the difference, or sometimes the overlap between subjective and objective violence. Subjective violence is experienced against the background of a non-violent zero level. It is seen as a disturbance of the 'normal', peaceful state of things. However, objective violence is precisely the violence inherent to this 'normal' state of things (Zizek, 2010). Objective violence is invisible since it sustains the very zero-level standard against which we perceive something as subjectively violent.

Systemic violence is, to Zizek, 'thus something like the notorious 'dark matter' of physics, the counterpart to an all-too-visible subjective violence. It may be invisible, but it has to be taken into account if one is to make sense of what otherwise seem to be 'irrational' explosions of subjective violence' (Zizek, 2010, p.11). VOs are not oblivious to their community environments, those living in pernicious conditions describe a keen awareness of their options, and cognitively understanding that their community infrastructures were grossly inadequate and that the adult role models in their lives may have weighleighed their sense of self-efficacy. Research on self-efficacy demonstrates that an individual's beliefs about his or her future success influence behavior (Henderson & Dweck 1990; Skinner 1995). An adaptation to feeling oppressed is the attempt to become empowered through the manipulation of others in an attempt to achieve a sense of control not otherwise felt.

Residential segregation based on socioeconomic factors presents a serious threat to family well-being because it produces concentrations of high-need, low-resource families that are exposed to social impoverishment and weak systems of social support (Garbarino, 1999). Neighborhood-wide economic disadvantage has oppressive influences on adolescents, who have direct contact with their neighborhoods through school, community centers and organizations, and informal neighborhood groups.

The ecological model is based on two different propositions. Proposition one, according to Bronfenbrenner and Morris (1998) states that "human development takes place through processes of progressively more complex reciprocal interaction between an active evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment" (p.996). This relatively long-lasting set of interactions is known as proximal processes. These processes may include the day-to-day interactions.

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Proposition two states that "the form, power, content, and direction of the proximal processes affecting development vary systematically as a joint function of the characteristics of the developing person; of the environment – both immediate and more remote – in which the processes are taking place; the nature of the developmental outcomes under consideration; and the social continuities and changes occurring over time through the life course and the historical period during which the person has lived" (p.996). This is also a premise of bounded rationality (Simon 1957, 1962, 1991; cf. Anderson 1991), whose proponents argue that individuals engage in traditional deductive reasoning processes only if the social decision-making environment is composed of others who follow a similarly reasonable and uncomplicated code of conduct.

Serving a sentence in prison has been shown to exact a negative impact on VOs and their family, not just because of the experience itself but also from the stigma assigned to formerly incarcerated people by the larger social systems, like housing, education and public benefits. Former incarceration correlates to poor later life outcomes such as high recidivism and poor health outcomes (Mears & Travis, 2004; Uggen, 2000; Western et al, 2002). These result from the combined impact of "prisonization" on the individual and his family while incarcerated as well as the difficulties experienced upon reentry– particularly the social and economic exclusion resulting from having an ex-offender status (Christian, Mellow & Thomas, 2006). There are also profound logistical complications that take place when a person returns to their family after prison. Often legal restrictions impede their return to public housing, certain neighborhoods, or households with other people on parole. Sometimes parole officers also restrict things like pets, or for people with violence against women, romantic partners. Even more basic than these legal restrictions are the limited space and ability of predominantly poor families to support their loved one as he reenters society (Braman, 2002; Christian et al., 2006). A lack of privacy or bedroom, the inability to feed and clothe a grown person, and the emotional trauma the person reenters with all conspire to jeopardize the successful reentry of many VOs. The nature of their offenses introducing additional challenges due to longer sentences and harsher parole policies.

Anger Management as Performance

Under parole supervision, every aspect of a VOs life is monitored and dictated by an institutional code for every social encounter (Mead, 1956). Individuals passing through parole's disciplinary machinery are never completely normalized when grouped with other VOs. Just being in a mandated AM group

signals that something has been perceived as wrong with the participant and in need of remediation (Goffman, 1961). If a person charged with a violent crime and on parole denies the need for treatment, it can be viewed as insolent. Asking for genuine help, like a psychiatrist or help with substance use, can result in further mandates. Instead, AM groups, like the groups described by Goffman in his asylum research (1961), become a stage for performances to cajole the provider into communicating positive feedback to the parole officer. The interactions during AM groups are "performances" taking place between actors (Goffman, 1959). This idea undergirds what Goffman calls the interaction order, which takes place during face-to-face encounters (Goffman 1959; Goffman 1983). This order dictates the behavior between actors and how behavior is interpreted by the participants. People do not act for the sake of acting; rather, the performance is carried out in an effort to maintain a desired impression of the self (Goffman, 1959). The environment impacts the social interaction order by providing a social structure that dictates the context and constraints of the negotiation process.

This can also be affected by the physical space where AM takes place. Place can then be understood both in terms of material conditions as well as social and psychological ones - it is both metaphorical and lived. Creswell (1996) recognizes that place mirrors and shapes the hegemonic landscape when he writes:

> Place is produced by practice that adheres to (ideological) beliefs about what is the appropriate thing to do. But place reproduces the beliefs that produce it in a way that makes them appear natural, self-evident, and common sense .. . Thus places are active forces in the reproduction of norms — in the definition of appropriate practice. Place constitutes our beliefs about what is appropriate as much as it is constituted by them. (p. 16)

For some participants, AM is a waystation for cellphone surfing; others stare blankly ahead, waiting for their required hour to pass while rage in their everyday life may threaten their freedom. AM may even have the undesired effect of normalizing seething anger rather than addressing its root, particularly if seriously violent contexts are reduced to techniques to manage anger. Once they are released from prison, VOs, who often report having documented histories of abuse, are required to attend a treatment with no proven benefit, typically without any type of assessment by their parole officer who is mandating that they attend. The AM mandate is repeated multiple times, both in and out of prison, even despite some offenders demonstrating escalating levels of violence. This is what Young refers to as society's bulimic reaction to groups deemed disposable (2002). Prisons are race-making institutions and

White supremacy is central to how mass imprisonment and the supposed disposability of prisoners are rendered palatable (Wacquant 2002).

The economic restructuring of late modernity has rendered some populations disposable, as the global north has undergone as process of deindustrialization. The massive expansion of the U.S. prison system occupies a central place in the management of social and economic insecurities 9 rooted in the globalization of capital. Similarly, the increase in efforts to treat people who have committed violent crime may actually result in more people failing parole as surveillance is increased and motivation to succeed may be overwhelmed by disillusionment in the services purporting to provide "support." The failures of VOs to successfully reintegrate after prison are framed in terms of the reentrant's individual will and behavior, but a closer inspection shows that the decisions about the people, places and things impacting people on parole are rarely of their own accord.

People on parole for a violent crime are assigned marginal status, even within the already subordinated group of people on parole. In the conversation about reentry and reform, VOs are ostracized from many initiatives designed to reduce sentences or terminate parole early. Instead, VOs are mandated to attend a weekly, or for some bi- and tri-weekly, treatment group, with other reentrants on parole. These programs, for the most part, are located in marginalized neighborhoods with little opportunity for chance encounters with people who have social capital. Most AM programs focus on one or two of these risk factors, like programs that aim to treat VOs who have been dually diagnosed with mental illness and substance use problems. Few have attempted to treat all of the offenders' needs at once (Basile, 2005). An effective intervention to treat violence would need to employ an evidence-based, multimodal approach targeting the factors that relate directly to the individual VO's propensity to recidivate, such as antisocial attitudes, impulsivity, and deficits in social skills (Gaes, 1998; Gendreau, et al, 1996). Evidence-based research may be the goal when it comes to developing treatment, but under a construct like 'offender,' we can never fully account for the group's behavior since the group is only based on the label, and thus we never have the whole story (Wolcott, 2002).

In "Reentry to What? Theorizing Prisoner Reentry in the Jobless Future," Michael Hallett writes:

> As we have seen many times over in the history of punishment, the punitive turn in the United States had less to do with offenders per se than with large social dynamics in the economy and race relations. It remains to be seen if the emerging prisoner reentry agenda develops into a genuine full swing of the 'pendulum' back toward a bona fide rehabilitation movement… or simply

becomes an exercise in corrections budget recapture by politically powerful constituencies also experiencing fiscal crisis" (2012, 218).

While only one of the VOs interviewed were consulted about their preferred AM program, most could easily articulate their preferred facilitator (peer, spiritual, psychologist); modality (group; one-on-one) and even the community, by neighborhood (close by or anonymous); or nested within other programs, like their substance abuse treatment, employment programs, or mental health treatment. Coercive interventions can increase the chances that VOs who might benefit from treatment by increasing the likelihood that they actually have an opportunity to receive treatment (Young, 2002). Research has long found that longer stays in treatment programs are associated with favorable outcomes (Simpson & Sells, 1982). At the same time, if the goal of mandated treatment is to effect a change in the person being ordered, then the treatment should be a collaborative and targeted effort to build on the positive attributes that each person already has within.

CHAPTER THREE: METHODOLOGY

This research uses grounded theory as a methodology based on the underpinnings of symbolic interactionism (Kendall, 1999). Symbolic interactionism is "both a theory about human behavior and an approach to inquiring about human conduct and group behaviour" (Annells, 1996, p 61). VOs ascribe meaning to events and social interactions, which subsequently shapes their behavior in relation to these interactions (Kools, 1997). What may be considered angry or violent could be defined as necessary or required. The aim is to understand the significant social factors that resulted in their mandate to treatment and how they describe managing their anger since completing their AM. Through the interview process, they explore the meaning behind the phenomena of being mandated to AM. For example, they are asked why people are mandated to treatment and how they felt about being mandated to AM. VOs were also asked about the role violence played in their crime that led to the AM mandate, as well as whether they thought they needed to manage their anger. Instead of objectivity being the main goal in the research, like trying to quantify levels of anger, knowledge is acquired through a process in which I am not perceived to be outside and separate from what is being researched but "also a crucially significant interactant" (Strauss & Corbin, 1994, 278; cited in Annells, 1996).

The questions guided the VOs into an exploration of their own perspectives and often questions about their lives that they had never considered. Questions like, "Since completing AM, have you done

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anything violent in recent past that could have resulted in your return to prison?" Strangely, most VOs

reflected for a moment before nonchalantly describing activities that ranged from pulling a driver out of his

car window and beating him on the exit ramp of the FDR Drive (Gerald) to choking their boss out of anger

for being demoted (Tony). These same individuals also say they neither needed nor benefited from AM,

despite taking and completing it several times. This paradox is illustrative of the need to explore why

some VOs describe AM as unhelpful, but also, what makes AM so poorly matched to their need for

violence reduction in their day-to-day lives. Responses to perceived attacks described by the VOs include

throwing a person down the train station stairs for walking up the down side or verbally assaulting a man

for looking at him in a lustful manner; these types of incidents are not categorized under anger or lack of

management, but provoked and warranting a response.

VOs reflect upon their own interpretations of what is self-defense and necessary given their

conditioning. These reflections are proceeded in the interview with questions about what they would

envision as a helpful intervention for VOs. When asked what type of treatment they would design to treat

anger and violence, VOs' responses seemed to gravitate toward a group with resources that addressed

their basic needs for employment, housing, and a community. Curiously, much of what they spoke of as

instigating their violence seemed to be based around a lack of emotional literacy, frustration with their

adjustment, and profound untreated trauma. This discrepancy can be explained by the influence of the

treatment on the VOs perception of how their needs can be met. For example, all of the VOs interviewed

were asked what they learned in treatment and were able to give direct quotes from their AM groups.

These adages about remaining calm, counting, breathing, and so forth, were considered testaments to

AM's effectiveness. VOs were then asked to give an example of when they were able to put this into

practice. This proved much more challenging. When asked if there was a time in the recent past when

they had difficulty implementing the strategies from AM, nearly all the VOs described regular bouts of

violent episodes.

Grounded Theory

Grounded theory was born from an effort to understand "how the discovery of theory from data --

systematically obtained and analyzed in social research -- can be furthered" (Glaser & Strauss, 1967,

p.1). This methodology is attributed to Barney Glaser and Anselm Strauss, who advocate for "generating

a theory from data [whereby] most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of research" (Glaser & Strauss, 1967, p.6). In this dissertation, the theory being developed is not an explanation for violence or even treatment, but an understanding of why AM is seen as irrelevant to people who have had their lives disrupted by acts of violence. Rather than test an assumption of why this may be, or explore probable explanations like trauma and addiction, the principle here is that theory is something less intuitive and requires inquiry. In their seminal text, The Discovery of Grounded Theory (1967), Glaser and Strauss claim that "grounded theory will be more successful than theories logically deduced from a priori assumptions" (1967, p.6). Grounded theory is "intimately linked to data" (p. 4) and therefore will prove to be more practical and more likely to stand the test of time, even as themes in research change. Reality is specific to the population of people being studied, therefore the theory discovered must be relevant. Interviews were played repeatedly and transcribed and themes emerged organically. When language or anecdotes were repeated, they became areas for further exploration.

VOs were asked to describe their current relationship and the type of language they use. Frequently, they would categorize their relationship as healthy or supportive, but then say the language includes extreme profanity or occasional violence. Grounded theory encourages "able sociologists to generate more and better theory," and "to start developing methods of their own for [all researchers] to use" (Glaser & Strauss, 1967, p. 12). The writers assert that any sociologist who uses the appropriate method could generate useful grounded theory, thus theorizing is not only reserved for geniuses or the upper echelon of academia (Glaser & Strauss, 1967). This is particularly true when researching people who are difficult to access or socially marginalized.

Method

Grounded theory has the potential to produce culturally relevant findings depending upon the way in which the method is applied. Researchers reflect on the interpretative and value-laden nature of data collection and analysis (Annells, 1996). My values are included when considering the validity of the grounded theory produced. To aid in this, it is important to not only compare previous incident/category, but also ask, "Do I really understand what the participant meant in this statement and are my interpretations correct?" (LaBoucane-Benson, 2002). There are several examples of this in the findings,

but it is worth noting that after each interview, the questions were revised, some people had to reinterviewed, and long discussions ensued with fellow researchers about how to interpret responses.

Validity

When interviewing people with criminal histories about violence, it is important to anticipate and prevent threats to validity. In any study, malingering, bias, and even the physical setting will influence the validity of the results. As a researcher, I used the guidance of my subjects to ensure the instruments were asking what they were intending to ask and the responses were reasonable. To increase validity, I still checked on the New York State Inmate Look-up system to ensure that the participants did in fact meet the criteria, but only after the interview was completed, to ensure that I was not affected by aspects of their public records. In addition to people voluntarily sharing personal documents, some of their histories were available through news articles and New York State records online. These aided in cross-referencing information, but in general participants were taken at their word that everything they revealed was true. The interviews were conducted using traditional survey interviewing techniques.

Another tactic to increase validity, the same question would be posed to the individual in several different manners at different times during the interview, then probed, in order to get as rich of a response (and therefore interpretation) as possible. In addition, interpretations gathered in one interview would be checked in the subsequent interviews. Snowball sampling from several AM groups located in Harlem, allowed several perspectives on the same AM group. For example, two VOs attended the same group. One described it as a family, the other felt it was a way to profit from his Medicaid.This variation in perspectives implies that the group and facilitator were likely not as significant as the orientation VOs have upon entering the group. In another group, every participant felt that the group itself was poorly managed but that AM groups in general may have some merit. These VOs also were mandated to substance abuse treatment. In order to develop the most accurate interpretations possible, digital recordings were played. This allowed interviews to be replayed and responses were compared with those of other participants. At times, it was obvious that the interviewee was either purposely or inadvertently malingering. Tales of fantastic feats of violence or one respondent's martial arts prowess are suspect. At the same time, the accuracy of what transpired is secondary to his own indignation at having to attend AM despite his charge of strangulation in the first degree. The interpretations made in this dissertation have been checked with the studied population to ensure the validity of the theory that emerges.

Participants were engaged in discussions after their interviews about emerging themes and asked for their input. Each interview ends with the question, "Is there anything about AM that you think I should have asked?" Given the consistency between respondents, it seems that the questions that emerged from this process resonated with the experiences of the VOs.

Positionality

As the primary researcher, I have years of professional experience in working with and creating relationships with VOs on parole who have been mandated to AM. First as a case manager for people charged with violent offenses and then as a reentry specialist, coordinating mandated services for formerly incarcerated people in a mental health clinic. Spending over a decade working in Harlem has allowed me to sustain long relationships with clients, as well as interact with a wide range of people returning home from prison on parole. Approximately one third of the participants in this study are VOs whom I have known for more than a decade, during which many completed AM several times. Through these contacts, as well as through a paid recruiter from Harlem, a purposive sample developed that included four different AM groups, each with its own unique model, but all approved by parole.

Many of the interviewees revealed more detailed accounts once the recorder was shut off, confirming that it was really off before divulging recent acts of violence that were undetected. In one case, for example, a participant who has changed nearly every aspect of his life still finds himself repeatedly committing random acts of violence, which he described as causing him less joy than it used to and is hard for him to understand. Questions explored are not related to causes of violence or desistance. Rather, the data is being analyzed for the VOs' perspective and what they feel like sharing about AM. For research with VOs in AM, it is imperative that the population being studied remain involved throughout the research process, to prevent the findings from becoming racist, at least, or harmful at most (LaBoucane-Benson, 2002). While there is no guarantee that grounded theory (or any research method) will ensure that misinterpretations in analysis will not occur, even when an ex-offender researcher is involved, the approach most likely to yield useful data is one in which stakeholders who are affected by the research process are involved in the design and implementation of the research (Green, 1998).

Research Questions

The guiding research question that identifies the phenomenon to be studied (Strauss & Corbin, 1990) is: "How do VOs experience their mandate to attend anger management?" This broad research

question is explored using two sources of information: Background experience, which Glaser (1978)

indicates is helpful in sensitizing the researcher to the phenomenon, and input gathered from subjects,

who participated in interviews and focus groups that helped narrow the area of investigation. Throughout

the study, there were interviews with over 26 VOs (18 to 69 years of age), four anger management

facilitators, two peer facilitators, a licensed clinical social worker, and a psychologist, all of whom worked

in Harlem. It is from this context that the emerging questions are framed:

1.   What do VOs perceive as the reason for being mandated to AM?

2.   How do VOs describe their mandated AM program?

3.   Why do some VOs report AM as unhelpful?

Recruitment and Sampling Procedures
          The participants were selected according to the principles of theoretical sampling, which is based

upon participants' ability to contribute to the development of concepts which then form a grounded theory

(Creswell, 1998; Strauss & Corbin, 1990). Interview subjects included many men who successfully

completed their sentences and 'reintegrated' into society, and others who continue to participate in

offending behavior, even with an expectation of returning to prison. All of the interviewees, including two

of the facilitators, were charged with violent offenses; many of them had committed murder. Some had

never hurt anyone but had carried weapons. Taken together, they represent a variety of perspectives on

anger management. I went back and forth between interviewing and analyzing throughout the recruitment

process. This cumulative sampling assisted in uncovering core variables or concepts (Glaser, 1978) for

the development of a grounded substantive theory. For example, after interviewing several older Latino

men with histories of substance abuse, an effort was made to recruit younger people who were not

ordered to substance abuse treatment.

          The criteria for recruitment was that participants had to be males from Harlem, who had been

released from prison for a violent offense and mandated by parole to anger management. Since most

participants were recruited directly from AM groups, they were actively on parole but only one participant

was attending AM for the first time. Although some had completed their AM mandate, as well as parole,

they attended AM with the same facilitators as current participants. This allowed for an examination of the

role that time played. For example, the same respondent who reported still actively offending, also

completed parole and AM successfully nearly 10 years ago. The recruitment process relied heavily on

word-of-mouth among current parolees and other ex-offenders. Recruitment proved to be relatively easy, particularly considering the stereotype of the tight-lipped ex-offender. Often those individuals who were successful in the community were eager to share their stories of transformation, bragging equally about their violent pasts and their current peaceful doctrines. Rather than relying on financial incentives or structured referral systems, I created business cards and encouraged potential candidates to self-refer any Saturday at LaGuardia Community College in Queens. Each Friday, I would visit several AM groups, sometimes participating and sometimes just waiting outside for people to exit.

One day, I walked with the recruiter from one end of Harlem, 125th street and Lexington, to the other end of Harlem at Frederick Douglass Boulevard. During this walk, we approached several young men based on their clothing, and nearly every person we stopped that had been mandated to AM agreed to talk. We would give them a card and encourage them to come on Saturday to LaGuardia Community College in Queens where my office is equipped with recording equipment. At times, people were interested in participating in one-the-spot interviews, finding quiet stoops or inviting us to their apartment. Each weekend a handful of individuals came in, some were escorted by the recruiter who treated them to breakfast and paid for their transportation. When they arrived, they were paid $20 each for their participation. Other AM participants were contacted by a scheduler who set up appointments around their schedule. These VOs were recruited through networks including referrals from the respondents.

Sample Characteristics

All VOs were men, mandated by parole with varying connections to Harlem. All participants spent the majority of their lives in New York City (mostly in Harlem). One participant was raised in a military family and traveled a lot; another was raised in Brooklyn but moved to his own apartment in Harlem (that he lives in today). The age range of the participants was 18-69 years old. All but one of the participants spent a significant amount of time in prison; most had experienced years of solitary confinement. A few participants had been charged as adults but were under the age of 16 when incarcerated. Many participants had been convicted of more than one violent offense. The majority of the groups had younger participants and the Community Health Center and MTC also had women, most of the VOs concurred that the other participants' characteristics had little impact, except for when the participant was disruptive.

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Data Collection

The data collected in the form of testimony are not viewed as records of events. For example, the number of times a concept is mentioned, like family, could be counted in these data, but the number of incidents of violence may or may not be accurate, considering that there is no way to know if some of the events were invented or if others were omitted. For this reason, the amount of violence or "desistance" from crime is not central to this research. The effectiveness of any one program model over another is also not in question. The focus lies squarely on the experience and perception of being mandated to AM and the impact this treatment bears on the lives of the VOs subsequent to participation.

This research was based on a descriptive, non-experimental design intended to help "define the existence and delineate characteristics of a particular phenomenon" (Heppner, Wampold, & Kivlingham, 2008). In this instance the aim was to describe the perception of VOs mandated by parole to anger management. There were four stages of analysis: comparing incidents, integrating categories, delimiting the theory, and writing the theory. This process has been illustrated by Moustakas' (1994) modified van Kaam method for analysis in this phenomenological study (see Appendix B). Phenomenological research starts with a research condition and is managed by conducting interviews and making observations (Morse, 2011). Note taking and data coding of responses are required in phenomenological research (Moustakas, 1994).

This study included a series of guided questions provided in an open-ended format. In each interview, I checked the findings or conceptual framework to ensure accuracy. Each participant is asked whether the instrument seemed to capture their viewpoint and whether it needed to include any other perspectives. Input was significantly considered in both structuring the interview and interpreting data. Student researchers from a variety of backgrounds aided in transcribing and coding interviews to ensure interrater reliability and allow for theoretical development. Forms of data collection included observations, interviews, and audio-visual materials (Creswell, 2009). Elliott (1998) noted that for phenomenological case studies, a semi-structured interview with a series of guided questions is most fitting in order to achieve data validity and reliability within the population.

Using face-to-face interviews in qualitative studies has advantages and disadvantages (Rubin & Rubin, 1995). The benefit of using face-to-face interviews was the direct contact with the participants. This contact enabled me to observe non-verbal communications, which adds vital information to the

present study. The relationship between myself and the participants was probably affected by the role the "researcher" held. Since my primary task in the interview is to ask questions, this process may have felt unnatural and too probing for some participants. The most interesting information seemed to always come when I was talking to the individual after the interview off-camera, during the course of a more natural conversation. This more ordinary discussion enabled some participants to talk more candidly about their experiences. With most participants, we met several times. This allowed me to develop a familiarity and ease with talking about more personal issues. I was open about my own experiences working in corrections, with parole, and teaching criminal justice courses. It appeared to put people at ease that I used to be involved in providing anger management. In fact, it seemed to enable them to use acronyms, terminology and slang more comfortably as there was a shared understanding of the "system." For most respondents, the opportunity to share their story, improve services for others, and contribute to scholarly research were all incentives to participate, even before the stipend was discussed.

In addition to using the recordings from semi-structured interviews, I participated in several sessions of anger management. This meant disclosing personal issues in the same group setting the men in this study were mandated to participate in. Spending time participating in the groups with the facilitators of AM as well as the participants seemed to increase my credibility and differentiate myself from other program evaluators that the participants met in the past. Instead of attempting to quantify the responses of the interviewees, the data collection process was more slanted toward developing and increasing my understanding of the experience and perspective of the VOs.

Interview Process

The interviews were conducted at LaGuardia Community College, where I have a private office. Interviews began with a detailed discussion of the purpose of the study, confidentiality, what would be done with the results, and the assurance that participants had the right to refuse participation at any time during the interview. All participants were paid $20 in an effort to demonstrate my appreciation for their time. Interviews were semi-structured in nature; as the investigation progressed, questions were added, based upon the specific information that was required for conceptualization. Initial open-ended questions were based on the following themes: (1) Beliefs about anger; (2) Perceptions of the AM program; and (3) Anger in their daily lives. Participants were encouraged to elaborate on their relationships with anger, what helped them to make changes in their lives and what those changes were. All interviews were

digitally recorded using a microphone on a computerized recording system. Interviews lasted between

one and two hours, several were repeated on separate occasions to include new questions or increase

reliability. I then transcribed the data (deleting any identifying information regarding the participant or

people mentioned) and the transcriptions were prepared for data analysis. Data analysis began as soon

as the first interview was transcribed, and combined systematic coding, constant comparison of data and

theory building.

Data Analysis
Stage One: Comparing Incidents Applicable to Each Category
   To compare the incidents, a process of open coding was used to uncover categories based on

incidents that the VOs had in common (Glaser, 1978; Strauss & Corbin, 1990). In order to "generate an

emergent set of categories and their properties which fit, work and are relevant for integrating into a

theory" (Glaser, 1978), I analyzed data, in the form of transcribed recordings, line by line, identifying many

different categories in which to group the incidents. Some pertained to the AM mandate (such as

conditions of release); some were the consequences that are related to those phenomena (such as

whether conditions were complied with). The major categories that emerged centered mostly on the AM

group itself. Where the group was held, what type of facilitator, and self-assessed anger were all primary

categories based on common descriptions. Many of the VOs also volunteered patterns in their own

approach to AM. How they participated, whether they disconnected or engaged with the facilitator and

other group members seemed to relate to other characteristics. Age, length of time home, length of

sentence, nature of the offense, were all starting points to developing categories.

Stage Two: Integrating Categories and Their Properties
   During the analysis of the second interview (for those re-interviewed), as well as the analysis of

the last few interviews, selective coding (Glaser, 1978) began. Selective coding advanced the coding

process from comparing incident to incident, to a process of comparing incidents within the categories

that were formed. For example, VOs described ways in which treatment had failed them in the past or

continues to neglect important factors. Their responses were grouped first as to the reasons why they

described AM as unhelpful. Some found the groups inadequate, others said they were unprofessional or

that the group was unnecessary for their particular case.

   The challenge was to explore the meaning of the language the VOs used, not just their

responses. Rather than record their testaments and then accept or challenge them in the writing of the

dissertation, the method required me to ask questions that guided the conversation toward a deeper exploration. Many VOs began speaking about AM in terms that they have been conditioned to use. Terms that repeated their personal need and then the lessons they learned, like how to take a step back and breathe. When asked for examples of how they came to their conclusion, however, VOs nearly always conceded that AM was irrelevant and that they changed their violent offending through maturing or learning from their own mistakes.

Another strategy for encouraging introspection was to ask for specific incidents when AM techniques failed, and frequently followed up by asking for a specific example. Even those VOs who reported learning from AM were able to cite the specific ways in which AM was inapplicable to their day-to-day lives. I was also careful not to imply value judgements in my follow-up questions, like when Tony described the home invasion that turned into a murder charge for him, I was careful to encourage him to speak freely, even as he described tying a small child to his nanny, so the child would not be scared. I did not contradict his motive, which he claimed was to be protective, regardless of my interpretation of the harm he caused the child first by tying him up and then again by murdering his father in front of him. To Tony, his sparing of the women and children in the house were testaments to his humanity.

Once more interviewees started confirming these categories, inadequate, unnecessary, or poorly run programs, through similar responses, it also seemed that there was another set of characteristics that warranted further exploration-- people who reported that they needed help managing their anger but felt that the program was exploitative. Further exploration of the emerging theme confirmed that this category, people who felt exploited, seemed to reduce their willingness to engage in the service, even if they initially had the intention of engaging in treatment. Those who reported that they had an anger problem but were routed to a program that was poorly run also typically reported that their unmanaged anger compromised their freedom in the form of violence toward spouses, children, strangers, and even themselves. With this development, the categories became more integrated, rather than those who found it helpful or not helpful, the categories broadened to include VOs who find AM helpful in theory, but unhelpful in practice because it is unprofessional. Similarly, categories needed to include people who reported finding it helpful, but also gave vivid examples of their inability to manage their anger, either through rearrest or

recounting acts of aggression. Instead of discrete categories of people charged with violent offenses, this research takes a broader look at the categories of AM as described by the VOs.

The second phase of sampling focused on finding opportunities for comparison of information for theoretical elaboration (Glaser, 1978). The process of comparison allowed me to compare the concepts that had evolved to other incidents found in the data, for the purpose of expanding, defining and verifying the concepts, as well as generating new concepts. Through the process of integrating categories, overlapping categories emerged. One respondent described the AM participants in his group as "meatballs and lemons." He elaborated on his categorization by explaining that some people just sit like a lump of meat in group, while others are just unpleasant to deal with. Nearly every respondent was able to differentiate between different varieties of anger. This became another important distinction. What types of anger are there and do they require different treatment models?

From these questions emerged the first set of categories that reflected different types of anger. Based on their responses, some were put a group based on their justifications: retaliation; self-defense; implosive, and instrumental. The purpose of this type of categorization is that it helped to see if there were connections between the type of justifications used and the nature of the violence committed.

With so many viewing AM as unhelpful, the next set of categories were based on why VOs found their AM mandate unhelpful. Rather than responding to the label of violent or needing AM, many respondents described that while they found it unhelpful, it was a necessary service to the rest of the participants. The only VOs who felt differently were those who found their group unprofessional or disorganized. For those VOs, the AM mandate was a waste of time for all involved, even the facilitators. In another example, the amount of time since release and current age emerged as important variables. Halfway through the initial sample, deliberate attention was paid to locating and interviewing people under the age of thirty who had just been released from prison. It turned out that this demographic, younger and more recently released, were also less likely to find AM useful, but also reported that the AM in prison, which was voluntary and peer-led, was superior to the groups they attended in the community. This stood in contrast some of the older participants who had already completed AM several times and found that in retrospect, it was less cumbersome and more useful than they remember feeling during their

time in the group, despite not being put to use in their own lives. At the same time, the stereotypical young, despondent person on parole who refuse to participate did not surface as a category.

There were no VOs who reported being proud of their anger or violence, but some did express a sense that others may be impressed by their violence. Herbie, for example, is open about his active role with a notorious Harlem street gang. He begins his interview by saying, "I'm not tryin' to brag but, I knocked out an NYPD officer." If the younger VOs were resistant to AM, it tended to be because they thought it was exploitative rather than because it ran counter to a culture of violence. Instead, the younger VOs who returned more recently still spanned the gamut in terms of their violence, amenability to treatment, and assessment of their programs. It seemed the level of intent in their initial crimes seemed to correlate more saliently with amenability to treatment upon release. In other words, there was a category of people who accepted AM as part of their punishment for having committed violence. The VOs whose crimes were less violent (e.g., carrying, but not using a weapon or crimes of self-defense) tended to be less resigned and more indignant about their treatment, but also reported much higher levels of current violence in their homes and described more participation in the violence that was common in Harlem, particularly during the 1980s and 1990s, when many of the VOs were adolescents.

The decision to contrast participants based on the amount of time they had been home from prison stemmed from a conversation with a participant, Manny, who stated, "If you had given me this same interview a few years ago, I may have felt differently. Try finding those young kids who just got out and feel like they don't need anything. Ask them how they feel about the group, then compare them with us." Manny's suggestion came to fruition and the role of age, amount of time incarcerated, and length of time since release was explored, yet, there was surprisingly little substantive difference attributable to these factors. For example, the fashion of speech, even weapons of choice, may vary, but the attitudes toward AM seemed predicated much more on the group facilitator, relationship with the parole officer and self-assessed anger. Age and amount of time home proved to be of little interest in terms of illuminating reasons why AM was viewed as unhelpful.

The rationale for studying this sample was to confirm or negate the concepts under which the theory holds (Creswell, 1998). I sampled for a population of participants who are at different stages in the process in question (or had similar charges but different experiences) to focus on the disparate concepts

that were emerging. The purpose of selective sampling was to further develop the theory, which is characterized by the identification and elaboration of the properties of the population, not just the description of the population itself. Comparing a different group, like VOs who have just come home to those who have been home longer, increases the broad range of categories and ideas that are available to the emerging theory (Glaser, 1978). The VOs interviewed had all returned to Harlem following a prison sentence for a violent offense, but some were in the midst of anger management, or were still heavily involved in a criminal lifestyle and had ceased attending. Others had been home for some time and had found success, or failed to achieve independence and lived in a different institution like a homeless shelter or residential treatment program. Several of the participants had completed their mandate and continued to attend AM, claiming that attending improved their ability to cope with life after prison. These interviews stood in contrast to the VOs who claimed AM was ineffective and even exploitative. Sampling continued until the categories that had been established reached the point of saturation. Saturation occurred when the "Basic Social Process" was set, confirmed and no new information was obtained to negate this process, even when interviewing participants who had different experiences than the homogeneous group. The total number of participants in this investigation was 30, but not all the participants were able to provide useful data and therefore their interviews were not included, bringing the total to 26 participants and 3 facilitators.

Stage Three: Delimiting the Theory

After analyzing all the interviews, the conceptual framework for the process of how VOs experience AM was complete; the theory was delimited to one core conceptual framework or Basic Social Process (BSP) that explains variability in data (Wells, 1995). In this instance, the process of "wasted time" was deemed to be central to why AM is seen as ineffective. Structural issues, like the lack of credentialed facilitators or problems with the space where groups were held, seemed secondary to the pervasive sense that the agencies running AM were using the VOs as a revenue source -- collecting money for their presence either from Medicaid or some other means. When considering the implications of research focused on VOs on parole, interpretation and the role of my values are relevant. As an outsider with different life experiences than the research population, I can put a project at risk of inaccurate analysis and findings. This can also happen if the person being interviewed senses apprehension or judgement

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and changes his responses accordingly (LaBoucane-Benson, 2002). The process will be affected by my experiences and interests, and the participants' malingering -- in this case, the urge to either exaggerate and downplay violence were both likely. This relativistic stance in the investigation process allows for the natural interpretation that takes place when the researcher is actively involved with the research process and not separate from it (Strauss, 1987). For example, I acknowledge that I am not male, did not have to live the violent reality that many of these men have endured, and that I did not engage in a violent crime and therefore did not experience the process of being mandated to treatment. Since my own life experience differs from that of the participants in the study, I present the findings of this investigation as a representation of an interpretation of participants' shared perspective on the anger management process.

After the categories of anger were developed, other groupings were compared. For example, regardless of the participant's age at time of offense or length of time in prison, the amount of abuse sustained in childhood seems to determine the mindset toward AM more than other factors. A contradictory case, one that challenges the conceptual framework, was sought. Then the conceptual framework was adjusted to include the full range of variations in the data collected (Kearney, Murphy, Irwin & Rosenbaum, 1995). Asking questions, triangulating data, clarifying definitions, all yielded richer description and likely more credible information. Notable findings include the discovery that participants' level of anger and motivation for treatment were heterogeneous; that AM produce both barriers and paths to reducing violence and easing reintegration; and professional mental health services would better serve this population by focusing on emotional literacy and connecting VOs to mainstream activities like work and education.

Stage Four: Writing the Theory

To enhance an understanding of AM and the lives of the participants, I attended groups as a participant and spent several days a week in Harlem walking around, observing the street life, and developing relationships with gatekeepers, both literally at the front desk of programs where I camped out on occasion camped out, but also through genuine friendships that developed over the course of my research. Grounded theory allowed for the exploration of interesting variables, and the testing of assumptions. This process of observing and questioning the programs led to a deeper understanding and development of the theory. The VOs who were interviewed provided experiential accounts, that unlike quantitative studies, may be inherently limited in their capacity to reveal objective connections or be

generalized beyond the participants' experiences (Halsey, 2007; Arrigo & Milovanovic, 2009). At the same time the perspectives of VOs offer insight to how AM and the mandate to attend is experienced. Mainly, it is seen as a waste of time, arm of parole, and means of using the VOs to produce money and power for the people involved in providing the service. The spaces where AM is administered can contribute to feelings of being marginalized and exploited. It brings the VOs into areas with little opportunity to engage with people who lack social capital. The facilitators of AM are not equipped to resolve many of the issues that the VOs have, particularly since so many reentrants lack their basic needs and so few express problems with anger. The theory emerging from this research is that AM is not an effective service for people returning from prison and that it may be producing harm in the lives of some VOs.

Limitations

First, the usual caveats and cautions apply regarding generalizability, attribution of causality, and the risk of selection effects. This qualitative study is a starting point for understanding the experiences of formerly incarcerated VOs mandated to AM, and is limited by a lack of triangulation. Directions for future research are proposed, including applying a randomized control trial to examine the impact AM has compared with no treatment at all, looking more closely at the experience of women in predominantly male treatment groups, and replicating the study with other communities or treatment providers. There may be a bias that comes from having the participants describe their experience, as opposed to an outsider observing them. British sociologist Ken Plummer acknowledges that this limitation by claiming, "All social science—including life stories—are only partial selections of realities. There is always much going on behind the scenes that are not told. Here we have the inevitable bias, the partiality, the limits, the selectivity of all stories told" (Plummer, 2005, p. 363). Internal threats to this dissertation include subject effects, history, selection, instrumentation, and differences of participants. Each of these will be discussed in turn.

Subject Effects

Related to subject effects, participants in any research may respond differently because they are part of the study. Participants may unconsciously change their responses to fit what they believe the study is about or to fit what they believe is my hypothesis. For this reason, subjects in this study were told

they were participating in research about their experiences, without being informed of any specific hypotheses contained in the dissertation. In the first few interviews, the VOs seemed to be reciting a taped interview that they had practiced, as if for the parole board. Much of the content had to do with being reformed, learning self-control, changing their thinking. To push past this rhetoric in favor of more genuine dialogue, the first set of questions are intentionally mechanical about length of time home, number of times mandated to treatment, and other questions that are not too invasive and intended to establish rapport. There was a distinct difference between the descriptions of the AM impact in the beginning of the interview than in the later sections. The way the VOs began each interview with the programmatic language of personal responsibility, reform, and benefit, but quickly disavowed the utility. Subject effects were also limited through participant-observation, where the respondents became familiar with seeing me in their group, lessening the effect of my being an outsider. This research acknowledges the limitations by considering the data part of a rich description of how AM is perceived, rather than an account of what actually happened in any single instant.

Validity

As a result of utilizing a snowball sample to seek participants in this study, a selection bias exists due to the convenience of the contacts, as well as the fact that completion of the interviews was voluntary. Therefore, those who choose to be interviewed may have different characteristics than those who do not. In addition, there may be differences among those who choose to participate, which also may be a threat to internal validity. Validity threats concerning instrumentation exist due to researcher bias. The interview instrument was created specifically for this descriptive study, which may have influenced the questions. For instance, important items have the potential to be excluded despite a review of literature and consultation with experts. How a question is worded and the ordering of the questions proved crucial to limiting validity threats instrumentation. This was especially apparent when asking about relationships and violence. When asked if there was violence in their relationships, none of the respondents reported that there was. When the question was revised to ask for describe their relationship, the responses described violent interactions. To increase validity, questions were revised to encourage description and reduce threats to validity.

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CHAPTER FOUR: FINDINGS

This section outlines how the VOs attribute the causes of violence that led the VOs to prison also persist in their present lives -- shame, childhood trauma, addiction and mental illness. AM was rarely identified as mediating any of these conditions, and VOs did not report that it encouraged them to make other life changes, like attending rehab or entering a new relationship, that proved transformative. Identifying the connection between finding AM unhelpful and the related categories, like types of anger, was accomplished through theoretical coding, which was used to re-analyze the data to identify all of the variations of the conceptual framework and refine it.

The three original objectives of this research were to: 1: Document the perception of VOs on AM; Objective 2: Describe the VOs' experience of being in AM; and 3: Describe how AM impacts VOs' perceptions of violence. Talking with VOs about their lives and, more pointedly, their perceptions of why they were mandated to AM, brought new understandings to the foreground. A critical phenomenon to emerge is that VOs are mandated to attend AM without any assessment or logic behind whether they need AM and which modality or program would suit them best. Most of the VOs mandated to AM reported that AM is not effective and offered explanations for why it is unhelpful and what could be done to improve the model. The general consensus among respondents was that rather than receiving a service, the VOs were being used in order to generate money for people through their health insurance or grant funding, or that they were being used in order to for parole officers to "CYA." CYA, which stands for Cover Your Ass, so that if a violent offender were to reoffend, the parole officer would not be implicated.

Throughout the interviews, AM is framed in terms of being irrelevant, unprofessional, exploitative and often misdirected. The respondents easily conjured alternative programs that would be more relevant to their immediate needs including paid employment, help communicating with women, family reunification and individual therapy. VOs who claimed that AM was a method of profiting off of their Medicaid also viewed AM as a tool used by parole as surveillance, which further reduced their motivation to attend and participate. Many VOs felt AM was a place that required them to "act" a proscribed way in order to appease parole, which detracted from their sense of agency and likely diminished any therapeutic effects of treatment. This acting seemed to seep into their descriptions of AM, where each of the VOs was able to recite language taken from their AM training as though reciting a script. The

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dramaturgy of the group treatment, as described by Goffman (1957) involved effort to both conceal the violent realities the VOs confronted in their daily lives, while simultaneously fabricating angry incidents to share in group. VOs describe how they learned to participate when they are supposed to and say the required lines, no matter how tempted they are to protest or show pain. The poison in this pedagogy is that just as VOs are coached to lie, they also dissociate from their own feelings and inclinations, reject their own true selves in favor of managing their anger. Honesty is fundamental to safe social relations but if AM is coaching VOs in lying, encouraging them to do and feel as they're told, it likely produces the opposite of honest social relations. VOs are being detached at best or just goaded into actively lying. Rob, an intelligent and successful college student, is personable, and given his smaller stature and speech impediment from hearing loss, seems more timid than violent. Rob is happy to participate in the study, and says he is in the midst of his third AM group. Rob, was incarcerated from the ages of 17 to 33 and has only been home for a few years. He denies being angry, but also describes a string of incidents that seem incongruous to his calm demeanor. He says he was in a recent fist fight with a co-worker outside his job who was angry about Rob receiving preferential treatment from their employer. He was also accused of stabbing his girlfriend after a fight over a pair of scissors. He had used the scissors to cut the electrical cords to the appliances he had purchased for his girlfriend's apartment. He said he cut her air conditioner, coffee pot, and when she lunched at him for the scissors, she cut herself. For fear of being accused of stabbing her, he stabbed himself in the arm. Rob said this all happened on his birthday and that he spent the night handcuffed to a police bench while the case was investigated. Since coming home a few years ago, Rob has had a string of toxic relationships with bizarre women. He admits that he has extreme difficulty around seeing red flags, which makes sense after spending more than half of his life and all of his twenties in prison. He had never been on a date or even to a restaurant before being released from prison. Rob's problem with women is not limited to his love life. He has been robbed by his sister, who used his financial money for a shopping spree, and his mother has been more of a sabotage than support system since he returned from prison, expecting him to help her financially despite her absence during his incarceration.

Rob's violent crime happened when he was just 16, a deliberate, close range shooting of another teenager who had brushed passed him in a disrespectful manner. The extreme level of violence stands in

stark contrast with his soft-spoken, smiling and calm demeanor. His mother, who he described as an extreme addict that profoundly neglected him, had developed an addiction after being raped and brutalized in a notorious crime in Harlem. He said that even though he was young when this happened. Rob stated that he was never given any type of therapy around the crime or his mother's absence during her year-long stay at the hospital after she was thrown from a rooftop. He explains that the childhood trauma that led to his crime is not something that is meant for group discussion. The pain of spending half of his young life in prison is not something he wants to share. The biggest problem he has now, is adjusting to being around women, which is definitely not a topic to be discussed in group. For Rob, AM is about internalizing what is really going on, avoiding thoughts from the past, and inventing new problems. Rob describes how he saw the AM group as demanding a performance:

> Sometimes you don't want to put your personal business out there. So, I would make things up. I would make up something simple, that I wouldn't have to elaborate on, 'Oh, I was putting up a nail and banged my finger with the hammer.'

When the VOs did not have something specific to offer, they would rely on the lines they were taught in group. Inventing situations to share, concealing the extreme violence of day-to-day life, and feeling like the group is intended to trip you up, rather than address the VOs' needs, came up in nearly every interview. Many of the VOs used the exact same language. For example, similar to substance abuse treatment, several of the VOs spoke about avoiding the "people, places, and things," that get you in trouble. Avoiding old friends, or places the VOs were likely to find trouble was a common refrain. At the same time, nearly every person was living in their same community, if not same exact home, as before they were incarcerated. None of the VOs had an opportunity to meet people who outside of their fellow prisoners. Also, all were participating in AM, and nearly all in additional substance abuse mandates, meaning they were being mandated to attend groups with people who just returned from prison, sometimes as often as three days a week. Imagining how the VOs could be expected to avoid people, places, and things, that cause anger or substance use, while also being mandated to groups of offenders in Harlem, is nonsensical.

Manny lives in the same apartment he lived in when he was born. It is a large building complex that used to be considered middle-class housing in the 1970s, but has since become surrounded by public housing. When he was five years old, Manny opened the front door to his father's best friend who

lived upstairs. Unbeknownst to Manny, his father's friend had a loaded gun and was avenging the affair Manny's father had with his wife. Manny's father was shot and killed in front of him. His father's friend is still serving a life sentence. Manny says he sees the daughter of the man who killed his father all time. He also sees the people he started doing drugs with in junior high school. His sister, who is addicted to crack cocaine, also lives at home and smokes crack in her room. Manny seems to be in a permanent loop between drug treatment, prison, and his mother's house. He has been going through this cycle for over twenty years. Despite this, Manny is upbeat and amiable, but his crimes seem to evince a Jekyll and Hyde phenomenon applicable to most people who abuse crack. When in a frenzy of addiction, Manny has committed violent acts that include mauling a woman causing permanent facial scarring, "She wouldn't take off the chain," and he is open about his active street robbery tactics that only emerge when he is in the grip of coming down from drugs.

Manny repeats the same course with the same therapist at the MTC each time, he is more of an assistant than participant given his expertise. Manny describes some of the techniques he learned, "Like hold your belly, count backwards from ten, avoid the people and places that trigger you, deep breaths, happy place, just leave, I mean, I could go on." He knows the language of AM better than most and can construct long monologues about personal responsibility, choices, stinking thinking, leaving behind the old Manny for a new Manny, but like most of the respondents, over the course of the interview, the tone changes. Manny knows he is stuck in this cycle but he admits that he has never figured out how to leave Harlem. He keeps getting paroled back to his mother's house and never stays home long enough to build a life. He does not see AM as being relevant to the problems he has, but admits he needs some type of help. He is adamant that the only type of anger he experiences is when he is addicted needs to find a way to get drugs. Other than that, anger is not the problem he has, to Manny, crack is the problem. As each respondent volunteered language from his AM course, the AM discourse seemed inextricably linked to the formation of the discipline in the first place. Put simply, the "techniques" all imply that the respondent should not react to the stimulus. AM teaches VOs to manage their anger, without questioning whether managing anger is a good or necessary task. When Rob was teenager, for example, Rob may have benefitted from AM. He could have learned to deal with his anger over his mother's attack and subsequent addiction, perhaps even connected with social services that could have intervened. Now that

he has been in prison for seventeen years, however, he may need help readjusting to society, learning to deal with women, or engaging in family reunification therapy. Instead, Rob works full time, attends school full time, has a curfew at 9pm, and has to spend one day a week fitting group therapy into his schedule. The inconvenience and logistics can be challenging, but the larger issue is that people like Rob may be internalizing messages about personal responsibility when he could be learning how to protect himself from other people out to harm to him.

In speaking with facilitators of AM, Dr. Kessaris seems to have the most experience and legitimate qualification. He worked at an MTC prior to coming to his current position. Dr. K has run AM groups in Harlem for more than a decade and has an easy rapport with nearly every client in the clinic. Even though he is twice the age of some of his group members and a White man, he seems to have a connection with the individuals that is difficult to describe. Dr. K sums up his view of AM as "a crock." Dr. K challenges this paradigm of teaching people techniques for managing their anger and focuses instead on conducting group therapy with the VOs assigned to his group:

> When I first heard about doing anger management as a psychoeducational group, I thought if you do something like that and just sit there and nod your head, they'll [VOs] thinks it's all a bunch of bullshit. They're all mandated and initially. they didn't want to be here. It's coercive therapy which sorta doesn't work. But after three or four sessions, the hope was that they were getting something out of it. And the proof would be if someone stayed on voluntarily.

Dr. K explains that these men have been traumatized by their experience of incarceration and many are angry. They are more likely to be afraid or overwhelmed, but that is not his focus. For Dr. K, he is seeking to address their histories of exposure to violence, histories of abuse, prolonged substance use. This makes his AM group more of a therapeutic community. Because he is able to remit payment from Medicaid, Dr. K offers to meet with one-on-one with group members, allowing him to develop therapeutic bonds that continue long after group ends. Dr. K concedes that the   VOs could use alternative methods of expressing themselves in general. Dr. K, who facilitates AM at MTC explains," I mean it's good to be able to be active and to defend yourself in that way… you just don't want to pull that out of the bag all the time." For many of the VOs, they have normal responses to very violent circumstances. In contrast, most participants attend groups run by facilitators or based on booklets. One participant, Tony, has an angry temperament and claims to genuinely need help managing his explosive temper. Unfortunately, he says, he has trouble recalling the lessons from AM:

They tried to say something about thinking about the consequences, it'll make it easier for you to. Like you should like, think of it like, the consequences of where you been and it could lead you to that place where… While I'm mad right now I'm thinking about where I'm going, I'm mad so I really don't care so it's like, what they're telling me don't make sense to me.

Tony expressed never having learned to use a computer since coming home. He struggles with literacy but has maintained his employment at a large chain restaurant in Times Square where he works as a busboy. Going to AM, according to Tony, made him angry because he knows he needs a lot of help, and it just wasted his time.

Herbie recently returned from yet another prison bid. He says he's been in and out of prison for as long as he can remember, which is easy to believe given that he has a tattoo of a razor fence over his eyebrow and that he is dressed head to toe in blue gang colors. Herbie is thirty years old and has been mandated to attend AM at least six times, but says he never found anything helpful about AM. He is still able to recall some lines from his most recent stint in AM:

They really teach. . . about your physical cues and how you know you are getting angry, things that you probably already know. . . It can help you approach a situation different; it can help you approach a situation a little bit more maneuverable, in a way that you won't get a negative feedback.

Edwin is very different from Herbie, even though they are in the same group. He is open about his inability to read or write, his English is poor and while Spanish is his first language, he is difficult to understand in either language. He says that in his group he was taught to hold his knees. Edwin demonstrates by sitting in a chair and placing his hands on his news with a nod of authority. When asked why, he said that it probably stops you from either lunging at or punching someone because your hands are not available. Edwin taught himself to speak English in prison, he has been diagnosed as having a low IQ and therefore will likely never learn to read. He has never committed a violent act against a person, but explains that when he was arrested, he was in possession of an unloaded gun. He describes a scene where he and his brother who also has a profound learning disability, were attempting to steal meat from a warehouse nearby. He says that he was addicted to crack at the time and that his plan was to steal meat and try to see it to the local supermarket. Even though he never made it over the fence, in fact he describes getting caught on the fence and requiring police assistance to get down. Edwin said that he took the rap for the robbery but his family never forgave him for involving his brother. Unable to speak English or defend himself, Edwin was sentenced to 10 years in prison. When he was released from

prison, he was considered a violent offender and ordered to complete AM in prison and again when he came home. Edwin laughs and admits that he likes to talk and that the group is the closest thing he has been able to do that is like school. He wishes, however, that someone would help him learn to read and count.

While on parole, Edwin relapsed and immediately told his parole officer he smoked crack. She violated his parole, sending him back to prison for three years where he was ordered to take AM again. When he came home, he again had to complete AM. He explained that he didn't mind taking the same group over and over because the repetition helped him learn English, but he has never considered himself an angry person and he has never been in an altercation in or out of prison. Edwin's participation in the group raises an important point about appropriate participation. Edwin would qualify for a program that targets people who are Spanish-speaking, have substance abuse problems, or need remedial education. Unfortunately, he has never been asked to routed to this type of group. In addition to all of these major differences from other VOs in the study, Edwin is openly gay, living with a domestic partner who helps Edwin function. The idea is that even if Edwin could participate in a language that other group members understood, he still would have difficulty finding a sympathetic audience for his frustrations. He explains, "I have problem too, you know, but what? I am supposed to say Ronnie [his partner] drinks too much or doesn't want sex as much? I need to talk, pero, some things need a different place to be say, pero I no going to talk about my life with these men here."

Edwin and I spoke at length about where he could talk and what he wants to say. He describes a strong desire to talk to other people of color, Spanish speakers, who won't judge his sexuality. He wants help learning to read, opening a business, getting a job at a pet shop. He wants to use a computer and download music. All of these activities seem simple enough to access in New York, but it was also easy to see why Edwin feels there are barriers.

Josiah in contrast, is sophisticated, energetic and his intelligence is evident. He immediately denounces any usefulness of AM and mockingly lists the main lessons on his fingers like a shopping list, "Countdown to ten. Get connected with what's going on with my body. Before you make a decision, relax." Josiah has a coy smile. He is thirty but looks about twenty-one. He served a long sentence for a someone so young, but like so many of the men in AM, he committed a violent crime as a teenager and

paid for it with his twenties. Josiah was a gang member who sold drugs and was attempting to maintain his corner and credibility. He sent a message by shooting a rival gang member, but at thirty, and far removed from that mentality, his crime seems incongruous to the person before me. He explains that it didn't take him long to realize the err of his ways, "It took me about two years to outgrow the mindset, but I still had eight more years to go."

Calvin, spent four years in prison and is currently on parole, describes being taught "meditation and ten deep breaths." He laughs as he turns his fingers into the yoga position for meditating. Calvin was accused of arson after a night of drinking. Someone had insulted him and he knew where the person lived so he set fire to a newspaper outside his window. The incident led him to spend nearly eight years in prison. He said he has anger about his indiscretion being turned into a violent crime. He explained that he was arrogant and easily incited, qualities he attributes to his youthfulness. It is easy to imagine that this same sort of behavior may have been dismissed had he not been Black and in New York City. The VOs are able to express what type of deficit they have and what type of services they need. AM and the language they seem forced to use in group seems to cause interference with their reintegration from prison to the community.

All the VOs recalled being mandated to AM group at one point or another that was psychoeducational and attempted to teach them to manage their anger through various mantras and techniques. Even the language of ''anger,'' ''violence,'' ''parolee,'' ''treatment,'' and ''mandate'' must be adhered to in order to be accepted as valid. This would be as opposed to seeing the VOs as a "regular patient" coming in to be treated as a member of the community. Using the If they used their same Medicaid funding, even though there may be a waiting list, they could access therapy, psychiatry, social work, or group therapy, although there might be a waiting list for these services. But instead, they are referred, without assessment, by a non-clinician to a group, seemingly at random. Social welfare and criminal justice policies have contributed to developing an environment that heightens exposure to risk by underfunding community health initiatives, restricting access to immediate mental health care upon release, and then routing VOs to programs in quasi-clinical facilities (Marquez-Lewis, Fine, Boudin et al, 2013). These facilities include residential substance abuse programs, reentry clinics and community-based organizations. These settings typically do not employ psychiatrists or clinical psychologists.

Instead, they are staffed by social work interns, formerly incarcerated peer facilitators, and occasionally a licensed social worker.

In the facilities that also operate as community health clinics, meaning they serve people who are not on parole as well, AM is run by professional clinicians, but the agency may be unresponsive to the needs of people on parole. This may include failing to provide services before Medicaid becomes active, often a minimum of forty-five days after release. Many of the VOs, by the very nature of their offense, have served long sentences and are returning to a completely different community than the one they knew in the 1970s and 1980s when they were convicted (Freeman, 2006). The VOs descriptions of the type of facilities, curriculum, and facilitators with variation that is stark, particularly considering that the VOs report being assigned to these programs without any prior assessment, other than their crime of conviction. Although AM is considered a form psychotherapeutic education, the referral method seems far from clinical and is reported as being much more perfunctory to the parole officers who mandate the VOs to attend. The experiences in mandated treatment were varied, depending more on the program than on the VOs' amenability to treatment.

Treatment Facilities

The VOs in this research attended groups through one of four programs in Harlem: a community health clinic (CHC); a peer-run program (PRP) that provides reentry services, a multi-service treatment center (MTC) serving people with HIV/AIDS and substance use disorders; and a drug treatment program (DTP) for people being treated for hard core substance use and anger management. These four models represent just some of the treatment models available programs vary and also how different the VOs' experiences are with being mandated to AM. Understanding the experiences that VOs report having with these four models is useful for understanding the vast differences in the models under the AM umbrella. Depending on the site of their program, some VOs reported that they found AM to be disorganized and unprofessional, others felt it was run well, but in an uncomfortable setting. Still others reported positive experiences with the facilitator and facility, but negative interactions with other group members. The delivery of the program and the location seemed to have a strong impact on whether the VOs became engaged or said that they felt like it was exploitative.

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Tony describes how he ended up attending AM at a non-profit run by formerly incarcerated people. The peer-run program (PRP) is funded through the state Division of Criminal Justice Services based on how many parolees enter its program and how long they stay. Tony has a small frame but seems to see himself as more fearsome based on how he flexes and talks. He is a light skinned Latino in his thirties who committed a murder as part of a drug-fueled crime spree that also included crack sales, home invasion, and possession of a firearm. He served well over a decade and has been home for a few years. Tony comes across as hopeless, frustrated, and agitated. He has worked as a busboy at a Times Square restaurant since his return and describes being stuck because of his violent record, lack of education, and limited skills. Tony claims to have been referred to the PRP without being asked a single question by his parole officer. Central to PRP's mission is their holistic approach, which includes spirituality and is located in a church. The general consensus among the three respondents who attended this program was that it was somewhat unprofessional but intentionally laid-back, in contrast to programs run out of health clinics. VOs are offered coffee and invited to have fruit or use the kitchen. The nonprofit also provides services like housing assistance, case management and employment training:

> It was like a old house with, like two floors and it was like, like six workers downstairs, eight of them upstairs and that's it..There was like three staffs that you could tell that they were cool like they're just regular, you know, cool people, but there was a couple that still think that they're walking in yard in prison.. so I didn't even speak to them.

PRP is faith-based, but does not push religion on participants that do not express an interest. Also worth noting is that the entire staff is comprised of formerly incarcerated people, many of whom are also recent reentrants. Anger management at PRP offers access to all aspects of its programming, but does not incorporate the other six aspects of reentry into its AM curriculum.

Community Health Clinic

The AM group located at a community health clinic (CHC) is in a private outpatient that also provides an array of primary and mental health services. AM at CHC includes dinner, is mixed by gender and conveniently located for most participants. Three anger management groups are held each week and many former participants come to receive voluntary primary health care by a physician and a range of specialty services like podiatry, weight-loss management, and HIV medication management. In addition, there are supportive housing referrals and a licensed clinical social worker who facilitates the anger

management groups with people mandated by parole as well as with voluntary participants in the community. The CHC is the most integrated program by gender and criminal justice status and many participants reported attending voluntarily after the group mandates have ended. The CHC also provides psychiatric services and therapy from a licensed psychologist. Services are also available in Spanish. Despite providing a range of much needed services, the appearance of CHC was somewhat desolate and the clinic management reported that outside of parole referrals, they had difficulty attracting and maintaining clients.

Drug Treatment Program

The drug treatment program (DTP) is another type of treatment facility that provides AM. In the program many of the respondents attended, the focus was on harm reduction. Services tend to be rendered by non-clinicians, sometimes interns or Credentialed Alcoholism and Substance Abuse Counselor (CASAC) licensed drug treatment providers. Gerald laughs when probed about the facility where he took AM, calling it crazy. "The first floor was like drugs, and it smelled horrible -- methadone, methadone clinic on the first floor -- and I had to go upstairs to go to AM, and it was real crampy." Other than methadone treatment for heroin withdrawal, the DTP does not offer any services that Gerald was interested in or reported needing. The VOs ordered to attend the AM program at DTP reported that it was disorganized, including Gerald who was surprised at the weakness of the program, even after seeing the facility:

> I didn't expect it to be so lame. . . I could see a lot of people felt the same way I felt: This is crazy, this is irrelevant, this is not necessary. I could tell when some guys spoke that they was smart. People had their emotions and their anger in order.

The required hours in the treatment at DTP are significantly greater than at the other programs. Even though Gerald said he managed to talk them into only seeing him once a week, his original requirement was one hour, three times per week, for six months. AM programs typically run once a week for an hour over the course of three months. This was true of three out of four of the programs the VOs in this research described. One, drug treatment program (DTP), requires attendance three times a week for six months. This lack of uniformity is also represented in the different curriculum and facilitators at each site.

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Multi-service Treatment Program

MTC is a treatment program that began as a treatment clinic for HIV positive people but has since expanded to provide a wide range of behavioral health and HIV treatment, prevention and education programs. While they boast a rapidly expanding compendium of primary health services, the culture seems to be targeting HIV positive and the LGBTQ community. AM is offered here by a licensed clinical therapist. None of the respondents referred to the group identify as LGBTQ or have any diagnosed illnesses. They do not use the other medical or mental health services on site. Dr. K, who facilitates the group, explains why he thinks this setting is less than ideal:

> This is an office, plus there's a methadone clinic next door. This is a big HIV treatment center. What does that have to do with anger management? It's like telling people they are sick.

The variety of experiences described by the VOs is evidence that AM is not rooted in any standardized evidence-based curriculum or in clinical psychology. Instead, curriculum can be developed by ex-offenders, MSWs, PhDs, or even downloaded from the internet. VOs all had memorized lines from their treatment, but there did not seem to be a science behind these methods.

Josiah is a handsome, clean cut man who is 30 years old but looks closer to 25. He served a ten-year sentence from age 18 to 28 for attempted murder and possession of an illegal firearm. Despite his easygoing smile and polite speech, he says that as a teenager, he was all about selling drugs and committing acts of violence to protect his drug-dealing enterprise. The crime he was convicted for involved shooting a rival drug dealer for invading turf that Josiah had explicitly warned the victim not to enter. Josiah stated that he learned his lesson about being violent after two years of being locked up, but he needed to wait another eight years before he could put any of what he used into practice. His disposition is calm, intelligent and soft-spoken. He completed one semester of college in prison and is looking to finish his education as a music major at a Community College.

Josiah recalls how his parole officer assigned him to AM on their first meeting: "She didn't assess me, she didn't even know me... she didn't take the time to get to ask me if I did have any anger issues. . she just kind of read it from some paperwork she had on her desk." Josiah offers his experience with parole-mandated treatment:

> You would have to have a conversation with me, but the meeting with a parole officer is all about paperwork. The paper is more important, it's all, 'are you still living where you're supposed to live? Are you going to your groups? Are you going to your AM? Alright, I'll see you next week.' So how would you know if I needed AM or not?

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Interestingly, many of the VOs were surprised they were even being mandated. Rob described the seemingly glib way he was mandated to attend AM:

> It was like anger management, really? I took one in prison. How many times am I going to take this thing? He gave me the address, told me to go there and get some anger management in my life.

AM came as surprise to people who were released from serving their first prison term. All of the VOs who had been in prison more than once were aware that AM was something that was done in prison to achieve parole, and then again on parole to satisfy a mandate. Manny lists the AM groups that he has either attended or passed through during his 20 years cycling in and out of prison. He drops the names of at least five in Harlem, most acronyms for positive messages like Forging Ahead for Community Empowerment and Support (FACES) or Harlem East Life Plan (HELP), and Reentry Empowerment and Community Health (REACH). Once released from prison, where he completed an AM during each bid, like every other person charged with a violent offense and on parole, Manny was mandated to start AM over by his parole officer. The consequence of not attending AM, is described by Manny:

> What happens if you don't go to whatever programs you're mandated to? They come down on you, and when they come down on you, they make life pretty much unbearable. Whatever job you have, they make it hard for you to work that job, they say you can't work that job any more. They going to come knocking on your door, every night at ten o'clock or two or three times a week just to fuck with you.

CHAPTER FIVE: PERCEPTIONS OF ANGER MANAGEMENT

The vast majority of respondents said they did not find AM helpful, and offered several reasons. Those reasons fall into four main categories: 1. For some VOs, AM treatment was simply inadequate to meet their needs, whether those needs were psychological or material. 2. In other cases, VOs felt AM was unnecessary because they said they had never been angry or were no longer angry, having already reached a "turning point" moment in their lives. 3. A third category of responses came from VOs who found AM unhelpful because they felt the programs were poor quality or unprofessional. 4. Some VOs felt that AM was actually exploitative, intended to financially benefit someone else.

Inadequate

When a person is released from prison, he or she is likely to be without a home, transportation, health care, income, and even basic identification (LaVigne, Davies, Palmer, & Halberstadt, 2008). Once in AM, VOs are grouped with other recent reentrants who tend to lack social capital and have little guidance to offer in terms of resettlement (Travis, Western, & Redburn, 2014). Social capital is defined as

"the ability of actors to secure benefits (e.g., information, connections, advice) by virtue of membership in social networks" (Portes, 1998, p. 6). It is considered a form of capital because it is an asset that can be invested and, through such investment, gain value as actors expand and strengthen access to resources through network ties (Adler & Kwon, 2002, p. 21). Social capital can be converted into other forms of capital (e.g., economic or cultural: Bourdieu, 1986) or used to make up for their absence (Coleman, 1988) as when social connections facilitate access to jobs. Because social capital results from the ability of actors to secure benefits by virtue of membership in social networks, it is determined by the number of people in any group who can provide these benefits and the extent to which they are prepared and willing to do so (De Graaf & Flap, 1988). In short, people who have just come home from prison are rarely in the position to employ, or even refer a fellow group member to any opportunities to better their condition.

After a period of incarceration, most formerly incarcerated people need assistance with basic needs. The reentry literature depicts ex-prisoners as grappling with homelessness, unemployment, legal problems, family breakdown, physical and mental illness, and substance abuse, all contributing to subsequent reoffending (Halsey, 2007). One of the interviewees, Rob, describes coming home from a 17-year sentence upstate for attempted murder. At only 35, he was living free as an adult for the first time. The process of coming home was fraught with changes. He describes needing to learn how to "re-live," casting his incarceration as an almost dead time:

> I first came home, it was like day one, yeah, day one. . [Parole] told me I have to take an anger management program... I was confused because it's like, I had so much stuff, like, I was so overwhelmed. . being away for so long.

The nature of prison as a total institution (Goffman, 1957) leaves an indelible mark on its inhabitants. The challenge for the prison lies in the details of managing large numbers of people and therefore the institutions turns individuals into blocks of people. Grouped by cell blocks, individual prisoners make few decisions regarding their daily activities, and the institution controls all of these decisions. Extending the application of total institutions, Donald Clemmer (1940) describes how the person on parole for a violent offense takes on the values and mores held within the prison walls (the process of prisonization), internalizing the new rules, expectations, and roles that are expected of prisoners. People in prison are expected to be followers and make few decisions of their own. Dr. K describes this from his perspective:

> When they come out, they say, 'I don't wanna go back.' Well, how are you not gonna go back? If

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you get desperate enough, you're gonna do something… And I've asked people, 'Do you miss prison?' Every now and then someone would say, 'Yeah, because living out here is way more complicated than living in prison.' You become institutionalized. If you wanna stay out, you're not gonna do it that way, sitting on your ass doing nothing, going here, going there. You know, how are you gonna live in society? So for me, it's [AM is] more like passing along the lesson; this is how you live in society.

Long periods of penal confinement separate prisoners from the socialization of work and family, leaving them poorly equipped for independent living (Glaser 1964; Straus 1974). Every aspect of a person's life is controlled and individual needs are subsumed under those of the prison. If American corrections seem to have planned poorly for mass incarceration, preparation for a mass exodus of reentering prisoners has not fared much better. Reentry has become a focal point in criminal justice policy and practice, but programs are vastly underfunded. The politically expedient approach has been to expect prisoners to leave these 'total institutions' after years of restricted incarceration and act with purpose and agency to avoid the pitfalls that brought them to prison in the first place. For most of the VOs, their latest incarceration is just the most recent in a string of detentions in local jails and juvenile facilities. The long shadow of prison persists in the lives of the VOs and is pronounced in their narratives, even though the psychotherapeutic approach of AM barely acknowledges "the psychological residue of institutionalisation" (Haney 2003, 59). The fact that released prisoners face "personal, social, and structural challenges for which they have neither the ability nor the resources to overcome entirely on their own," is often downplayed as AM tends to construct the VOs as empowered and self-transforming (Haney, 2003, p. 59).

The focus of AM may contribute to this diversion -- the aggressive, violent ex-offender persona may prove easier to don than one that admits the anxiety and fear that typically characterize returning from prison. As Jus, who served 15 years from age 14 to 29, puts it, "It's easy to be hard, it's hard to be easy." When asked to explain, he said that the role of acting 'hard' is something prison prepares you for, but being calm or 'easy' is something that few of the VOs had any practice with. Being in a group focused on violence and anger seemed to do little to make the transition from prisoner to citizen smoother. The role of AM as a bridge between the experience of prison and reentry was sometimes addressed, but is not the intended focus of AM. When facilitators did address reentry in terms of providing resources, making referrals, assisting with the psycho-social evaluations that many housing programs require or even connecting VOs

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to avenues to complete their GED or begin college, they were described as going "off script." Gerald, who states that he does not have an anger problem, said AM was just not relevant to what he needed:

> I felt like I didn't belong there. I felt like it wasn't something that was helpful to me and I had a lot of other things I wanted to do. Continue my education, locate a job so I could take care of myself and it was basically just a hindrance to have to be there.

The opposite was also true; people with profound psychiatric, emotional, and even primary health issues came to AM to address these needs that could only be met in a setting that offered a higher level of care. Tony's violence is not limited to his violent drug dealing business. He describes relationships, both past and present, with his wife and mistress, in terms of verbal violence. He runs down a partial list of things that start altercations, but then becomes visibly agitated while describing his frustration with his wife:

> Me hanging around the block too much, me not being upstairs and all this crap, but when I'm giving you money, you're not talking, so shut up. So it was just that type of, it was just always that, I don't know, for some reason it was always that. Probably cursing the life out of them. Probably calling them all types of bitch more. Probably, 'Go fuck yourself,' I'd say that a lot. I remember my wife, I basically cursed her whole family out by name, every single one of them. I really didn't care, but they were leeches, they were leeches so at the end of the day I knew they were leeches, but because the way I felt for her, I really didn't care and plus it [money] was coming in every night so I really didn't care. So... I know you're a gold digger the same way you know I don't give a fuck, so if I'm accepting your gold digging ass, you're going to accept my mouth. That's how I looked at it. So I used to curse her out and everybody else out and I don't know, that's basically, my anger was a lot.

When asked if his current relationship with his wife and girlfriend is still volatile, Tony says that his anger toward his wife has subsided, no credit to AM. But when he describes his current state of affairs, it does not seem much better:

> Now, well most of the stuff that used to piss me off doesn't gets me angry now. I mean I still have a, I still have a really big foul mouth. I argue with my wife, she fights back, she argues back, really back. She meets me so we go at it really bad but, no I just, I don't curse at my wife except the only thing I call her a cunt every time that's it. When we're arguing you could tell I'm mad cause I say, 'Cunt this,' 'Cunt that, this, that,' and I don't know, she'll sit here and just start cursing me. She calls me everything under the sun but as far as the only thing that gets me mad now? Nothing from the past gets me mad.

Lawrence is homeless and recovering from drug addiction. He was on parole and has been diagnosed as having bipolar disorder and schizophrenia. Now, having completed parole, he still attends the AM group which he describes as being "a comfort" because it functions like a family. He states that he has been in AM groups most of his life and admits that while he finished parole a while ago, he still attends every week, because he likes it:

My upbringing, you know, feeling not loved, left out, you know, my father wasn't there. In the projects, I was eight years old, I was shot by another kid, a kid that lived in the same projects as me. . . I don't think he meant to shoot me, but it was a fight over his girlfriend. I spent 45 days in the hospital. And you would see that [violence] growing up. I saw it happen to my momma. I was homeless, been using drugs damn near all my life, in and out of jail, in and out of prison.

AM groups could play a role as a place to be around other people who could relate to the difficulty of transitioning after prison. Yet, the respondents reported receiving little to no assistance with their immediate and tangible needs like hygiene products, housing, employment or financial assistance at their mandated AM groups; none of the offenders described receiving any support whatsoever, in terms of their basic needs, from their parole officers. Many of the VOs said they needed more orientation into the "free world" outside of prison. All of the respondents receiving AM through a licensed clinical social worker at the CHC or a licensed psychologist at MTC reported that the group was well moderated, but that they did not benefit from the program. There were many reasons offered as to why a well-run group was described as unhelpful. These responses can be grouped into categories for further exploration: feeling justified having exacted a punishment on a deserving victim; not being angry in general; having outgrown anger naturally; and having learned their lesson from the hardships of prison.

Unnecessary

A major reason offered for AM being unhelpful was the feeling that it is directed toward a problem that some VOs said did not apply to them. In other words, they were not angry or violent. Unlike the VOs who had learned to control their anger or had ceased violent offending, this group of responses addressed the instances where a person was labeled as violent but their crime did not include significant any actual violence. Some had simply been armed during otherwise nonviolent crimes. Others had committed an isolated act of violence or even an accidental shooting. VOs reported that AM was not useful to them is because, the construct of "Violent Offender" is often inaccurate.

Never Angry

Herbie spoke to me on a stoop outside of the clinic. He wore a blue bandana and a large gold necklace. Herbie spoke with authority on the subject of anger and violence he even took out his glasses and cleaned them with his bandana while detailing the violence he has caused and witnessed as recently as the past week. Herbie maintains that some people do have problems managing their anger, but notes that there is no parole assessment to determine this. Herbie feels the blanket mandate for all VOs is

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problematic. Herbie, whose violence includes assaulting an NYPD officer and putting another man in a coma, explains:

> I mean you got violent offenders that get locked up that are not really violent people, you know. You can walk down the street with some body and your friend shoot and kills somebody and both of you get locked up, and you could've been the... accomplice to murder and here it is, you find yourself in jail you ain't even a violent individual but you have a violence charge.

For the respondents who claim to not have any anger issues and whose crime did not involve a violent act as much as a technical charge; many expressed frustration that they were never assessed for anger. Every respondent agreed that their anger was never assessed nor was their motivation to attend groups. Instead, they were mandated to AM in the community based on the nature of the criminal charge even though all had attended AM in prison already. Luis completed AM several times both in and out of prison and finds it unnecessary since prison is the most challenging environment to maintain your cool in and if you are able to control yourself in there, that should suffice as proof a person can manage their anger. He feels particularly strongly about this given that he was charged for possession of bullets, not even a gun. As a military veteran, he claims that collecting ammunition was a hobby. He explains:

> Well, the party line is you are mandated there because you have anger problems. It's based on your charge. Throughout my whole time locked up I didn't have any tickets, I didn't have any fights, so there was definitely no reason for them to believe that I needed anger management other than the fact that I had a 'violent crime,' which was being caught with a gun I didn't shoot at anybody. I didn't pistol whip anybody. I didn't do anything that indicated I had any anger issues. It was just that it's termed a violent crime in the you know legal language and alright so now you're violent and you're gonna take these violent anger management courses.

Outgrew Anger

Seventeen respondents described reaching an age where either through experience or maturity, they outgrew their anger. They were angry at the time of their crime but like Gerald, they outgrew their anger as they matured. Within this group, a common refrain was that they had reached a point in their lives where they could not bear the consequences of losing control of their anger. These consequences included being returned to prison, being retaliated against or losing recent gains. Many VOs described the thought or notion that eventually "hit them," causing a significant change in behavior. Prior to this point, realization did not occur and the consequences of the VO's behavior (seen as inconsequential, normal, or necessary) would merely reinforce his criminal behavior. Rob describes taking stock of his circumstances and deciding that he did not want to be in that situation ever again. This did not happen right away for

Rob. He spent the first few years of his sentence full of rage. His mother came home from her year-long

hospitalization addicted to painkillers. By the time Rob was 12 he was unable to hold onto to anything in

his room without having it stolen. He went without his basic needs being met. I asked whether any

teachers or other adults tried to help him. He didn't remember anyone. Rob served a 17-year sentence

and said that when he first was imprisoned he fought and got in trouble constantly, but as time passed, he

started thinking about his return and eventually, he stopped feeling angry.

> When I am on the crowded subway, someone steps on my shoe, there is not even no reason to acknowledge it. Even if the person don't turn around and say 'pardon me'... there's no reason to acknowledge it.. Before I went to prison. . that would have been a disrespect… like, 'how dare you step on my sneakers!' . . I had a different type of mentality.
> Other VOs described "getting tired" of the fallout from acts of violence and feelings of anger.

Herbie, dressed in a blue t-shirt and blue shorts, states the obvious -- that he is gang-affiliated with the

Crips -- but says he no longer works as an enforcer for the gang. In response to why he made this

change in his life:

> So every time you go to jail, you gonna take a loss, so after a while, some of us get tired of taking losses and if you are tired of taking losses, I get locked up and nobody is there to come see you, nobody is there to come put money in my account… because of my actions, because of my way of thinking, because of me putting my hands on somebody.

At the same time that many of the VOs describe these revelations or deny having anger issues, it's worth

noting that many reported recent violent incidents. When asked for an example of a time when he

recently lost his temper, Herbie, offered this account:

> An example that's no offense to anybody that might be homosexual, but we live in a country where it's open now and I was on the train and a homosexual dude kept looking at me, like in a lustful manner, and I tried to ignore it and, I've seen the look, I've seen the little. . smirks he was giving me and before I knew it, verbally, I flipped out, you know, I started yelling on the train, I told him to stop fucking looking at me, it got worse on me fucking him up on this train, you know, I made some threats and I was really serious about my threats because they wasn't really threats, they were promises you know, I flipped out, at the time I really didn't care about ART [Anger Replacement Training], or anything.

Herbie acknowledges that his anger can get out of control and that he would benefit from

treatment, but AM is not the treatment he needs. Even though he seems to be angry, his anger seems

stoked by having been kept in all male facilities where social movements often echo softer behind the

walls. Homophobia is not just rampant in prison-- it is a requirement for many people. Even people who

do not feel a fear or hatred for people of different sexual orientation may still feel compelled to balk at a

gay cell mate, for fear of being labeled and targeted for rape. Herbie's inability to maintain composure on the subway seems to reflect this pressure to survive by striking preemptively.

Unprofessional

Some VOs said that AM had the potential to be beneficial, but because their assigned program was poorly run, or they were assigned a program that they felt they did not need, it failed to benefit them. A perspective offered by some VOs in programs that were not organized was that AM was not helpful because it was not administered in a way that was professional or appropriate. For some, that meant it was disorganized, other felt the people administering the program lacked enthusiasm, many felt used for their Medicaid number, or that the group was meant to benefit someone else, like the provider or parole. The perspective that was detailed by several VOs, but more often from those in groups led by ex-offenders and interns than in groups run by licensed clinicians, was that it was disorganized or done without heart. Tony, who had frequent episodes of violence and had committed murder during a home invasion describes his AM group:

> I thought it was just going to be like a regular anger management class like the one I took in prison, but I realized that, uh, it was a joke. Half of the time I go there I sit on the couch… I was supposed to go like nine times, but out of the nine times, I only went in four, because nobody was in the building and they had a sign saying 'Come back next time.' ... And the four times I went there we sat and watched three movies.

When asked about his participation, he says, "I didn't even speak to them most of the time. I was on my phone like everybody else was on theirs."

Gerald reports a similar experience: "To be honest, it's really just bullshit. It was just a group of people just talking, that's basically it. Sometimes the facilitator would have a paper, but we'd never go over what's on that paper." Gerald said the facilitators were unskilled and the emphasis seemed to be on the administrative aspects, like attendance:

> [The staff had] very minimal training. . didn't know how to control a group of people. . looked like they really don't care about the group of people, just that eight hours and 'make sure you sign that sheet.' That's like their most important job, 'Make sure you sign that sheet, make sure you sign your name, has everyone signed their name?" (laughs) That's when they're at their best.

Herbie believes that ex-offender facilitators can still be exploitative, "Honest truth there was just all ex-cons that just got a good job and they're just milking the system." Herbie finds the concept itself exploitative, not just the facilitators. "I feel violent offenders shouldn't have to do anger management when

they come out, due to the fact that we did when we were incarcerated and the only reason I really feel

they have some of us do it sometimes is for the money."

The VOs describe sensing that they are being used, not for their work or minds, but their bodies

and their Medicaid numbers. Herbie describes this feeling:

> I just look at it like it's a way to get money, you know. It's all about money, you know, as long as you get into these programs, you know, they are going to make money off of you so I know money plays a big part in it.

> Me: *Who do you think gets paid?*

> The program actually, I know gets pay from the insurance, your Medicaid whatever that they, that they get from you. I just know they get pay, I don't know anybody else probably gets paid off of it.

Tony's sentiment was frequently echoed by other respondents. They could not explain the

mechanisms by which they were being exploited, but they felt it came down to being used for money.

Tony recalled:

> You can tell that it was just it was just about money, it was nothing else. It was just a legal scheme going on and 'we're all getting paid on it, we really don't care.'

Gerald frames AM as a way to set people on parole up for failure, or for the parole officers' "job

security." For Gerald, AM is a way for parole:

> To try to get you to mess up. To try to get you to violate your parole. To try to get you angry, to try to get you... frustrated, to where you going to go back so there can be a parole officer again to give you another anger management program, so you get angry again, go back-- Job security (laughs).

Gerald suggested that parole works with programs like DTP to ensure the failure of the

participants. This dystopic view was echoed by others who framed their mandate as a "set -up."

Gerald describes the attitudes of the DTP program:

> It keeps DTP open, you don't give dudes the adequate attention that they need, of course, nine times out of ten, they going to revert right back to the same behavior, go back to prison. . a lot of people who work here are just happy to have a job... It just seems like a whole bunch of people trying to make a business out of less fortunate people. Like that's what I feel.

This idea that AM was about making money came up in nearly every interview. Gerald said, "I

think they're mandated to do AM ... just for the money they get. . they probably getting money from

running this program. as well as that it gives the. . parolees on the outside something to do." Even though

Manny finds his experience in AM useful, he still concedes that it is only due to his making good use of it. For Manny, AM is exploitative:

> It's a money thing. At the end of the day, it's a money thing. One entity helps the other one out by recommending people to their agency. The parole agency recommends them to the outpatient and they swipe their Medicaid cards. . .

VOs describe the startling levels of violence that are integrated into their daily lives and to which the VOs seemed desensitized. This violence was most often described as justified, necessary, inconsequential, or provoked by the victim. Rarely did the VOs express compassion for the victims, and frequently they portrayed their role in the violence in terms of of victimization. To frame the debate simply in terms of whether AM "works" is premature and beyond the scope of this dissertation. Some VOs said their code of ethics required they exact revenge. In his seminal work, Criminal Victimization in Eight American Cities, Michael J. Hindelang (1976) discusses how early systems of law and politics, such as the Code of Hammurabi or *lex talionis*, an eye for an eye, catalyzed a cycle of victimization and offending brought forth through retaliation (Hindelang, 1976). In some cultures, it was compulsory that victims exact revenge for the wrongs committed against them, their property or their families. When a person who has been victimized is either compelled or to enticed into transforming into a perpetrator, it creates a cycle of violence which can generate vendettas and "blood feuds" that can last for generations (Schafer, 1968).

CHAPTER SIX: JUSTIFICATIONS FOR VIOLENCE

A major theme touched upon by many VOs, the idea being that there are different types of anger, which require different treatments. The VOs in this study also demonstrate a connection between their particular type of anger and the type of violence that some commit. While the language varied slightly, the description was always the same: Some VOs were justified, others were defending themselves, and some could not help themselves or used violence to secure a reward. Most VOs disavow violence and crime as a solution to problems, but still manage to disclaim their own violence as an exception to their standard ethic. In this way, violence is not a deviant value but a shadow value. Violent behavior is tacitly condoned, while simultaneously acknowledged as not quite acceptable. The VOs experience this contradiction between the two systems—an act of neutralization involves feelings of 'ambivalence,' not 'hypocrisy' (Mooney, 2007). For other VOs in this study, the wide-scale acceptance of violence indicates a subterranean value system which condones violence and which is arrived at in certain normatively

designated situations that could include active gang members in underground drug economies, or desperate people in search of drugs. In the context of Harlem, the street culture the VOs describe demonstrate that these "subterranean values" can be seen as culturally transmitted norms or "solutions" rather than isolated actions and individual rationalizations (Mooney, 2007).

When asked why Herbie is adamant that AM would not work for him, he says it is mostly, because he feels justified in his violence:

> I don't really feel like I have anger issues but somebody might think I have anger issues, they might look at my criminal history and say you knocked out a cop, you almost beat a dude to death, you know, or you had to fight beat this dude with a bat or you did this and that. But the whole thing is, there is reasons why I do what I do, I just don't go out on the street look for somebody to punch in the face cause I'm mad at something, no, you have to tick me off or something but yeah, I would say I have, you know. I can see I have a little anger issue but I don't really think I'm a person that dwells or loves violence, no.

The overwhelming majority of VOs interviewed felt that they were justified in committing the violent act that sent them to prison, albeit for different reasons. Some felt that they were defending their life or the life of a loved one. Others felt they needed to punish people who deserved their wrath for any number of tresspasses. There were VOs who saw violence as the necessary response to maintain business or status. Even those who claimed to have regrets over the harm they caused, could not envision a different way of handling the situation. VIolence was described as explosive and alternately, it was a tool or instrument for getting what they really wanted, like money for drugs. These explanations for violence cast a light on how ill equipped AM is to address entrenched values and unavoidable circumstance. The most important observation, perhaps, is that the are different causes underlying violence, and that AM could not possibly be able to address this gamut. The VOs do not fall neatly into one category or another, but their expressions of violence and sentiments toward AM seem to correlate. Taking each explanation in turn allows for an examination of how the VOs perceive violence as both inevitable, but also how it is often committed without a feeling of anger.

Tony describes his violent acts with a cool detachment. His violent acts range from throwing someone down the subway stairs for walking up the down side; choking his boss, and prior acts of murder. Despite committing regular acts of violence, Tony describes himself as being victimized by forces beyond his understanding. Like Tony, many VOs describe some external "they" is pulling the strings that yank the VOs in unwanted directions and making money off their misery. Tony is frustrated at work,

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where he choked his boss who did not report him out of fear. Tony is angry at his circumstances and expresses that things are not fair, though he seems unable to decide where to direct the blame. He claims to be most angered at how much more difficult it is for him to meet his basic needs than it is for people who qualify for public benefits:

> What really gets me upset with a passion, is how my baby moms is living off of me and her other baby father, paying child support, but she has a house, every week a different apartment, but here I can't manage to pay my bills on time, but I work and she doesn't, but due to the society, the way it is, she gets food stamps, she gets child support. They pay her room, they pay her apartment, they pay her everything.

> Me: *Who do you think pays for it?*

> The same ones who are charging me to be child support. The City of Health or whatever. I don't know how they go about it... social service or whatever. They giving her everything. This girl is lazy as shit, but how is it that I'm working two jobs and I could barely afford my phone bill, but you're not doing anything at all and you have everything and her refrigerator looks like twenty people could eat for a week straight!

> Gerald, whose suave demeanor belies a much more explosive temperament, explains how he

had to return to prison for two years for violating parole. He is intelligent and thoughtful but the way he frames his violence as either out of his control seems willfully ignorant. He nonchalantly describes the circumstances and feeling taken aback by how quickly it exploded:

> I wasn't supposed to be driving. I already had the license, so really I was driving while I'm not supposed to be driving on parole. . . A guy had cut me off on the FDR entrance going onto 96th street... (laughs) I threw the bottle at his car, actually. Then he got out the car and came to my car and then when I got out, we was going back and forth like, on the on-ramp on the highway. Then I'm saying to myself, 'Why am I standing out here arguing with this dude, I got to be going to work. So I got back in the car, tried to drive off, he's holding onto the steering wheel and . .put his hand in there, like, 'You not going nowhere!' Holding onto my steering wheel. Long story short, he winds up lying on me, saying that I hit him with the car and that I left the scene. And that was it. I got a violated for that.

Self-Defense
There VOs who described defending themselves and loved ones from real or perceived threats. This group all used the same type of statements to adamantly declare their crimes as justified self-defense. They describe scenarios where they were fighting for lives or felt that without violence, they would be killed. Gerald's recent violent acts seem impulsive, but he disclaims the crime that brought him to prison as self-defense devoid of anger. Gerald explains his crime is considered violent even though he was arrested for having an unlicensed handgun, not shooting anyone:

> In my personal experience, no... [I don't need anger to commit violence]... Going back to the situation with me carrying a gun, some people might say that, okay, the proper response would

be to call the police. Whereas me, I think the proper response is to defend myself. Anytime I've had a fight, it has never been the result of anger, as far as like, 'I'm angry I'm just going to do this to this person.' It's been because yeah, I feel like, this is the solution. This is how we got to handle this.

Gerald, has the quiet confidence of a well-educated man but a value system that heralds violence as a justifiable response. He is not classically handsome, but is charming and clearly enjoys the company of women. Gerald says he is able to control his anger but some situations provoke a violent reaction, regardless of whether you are angry or not. In Gerald's case, he was sentenced to prison for possession of a firearm, but he had not used the gun, only carried it for protection. He was not sentenced to 10 years, he explains, only sentenced 10 years ago as a hotheaded twenty-year-old. Once he arrived in prison, he started picking up charges. Gerald says that when a situation calls for violence, it cannot be controlled or managed. When I asked if he was carrying a gun because he was angry, he responded incredulously:

> No, absolutely not. I was carrying a gun because people were trying to shoot me, and I understand that they want you to call police, but at the end of the day, police do things after the situation happens. I didn't want to get shot, you know? I didn't want to get shot and have to call the police and say, 'Somebody shot me!' I might not have been alive to call.

At times, the veracity of the VOs' descriptions seemed implausible. One example of this is Clifton. Clifton began his interview by saying, "I committed murder, but it was in self-defense, three times." Clifton is recently released after a 20-year prison sentence for murder. He lives in a homeless shelter for people on parole who are struggling with addiction. He is older than many of the other respondents, he says he is in his fifties but looks much older. He talks in detail about a number of violent incidents, only some of which he has served time for. Like the other VOs, he spoke with calm detachment about his violent response to an assault against his daughter. Clifton claimed that he was in his car arriving at his apartment in a violent harlem housing project when he saw his daughter and her boyfriend in an altercation:

> I had one situation like that where my daughter's ex-boyfriend beat her up… Actually he didn't beat her, he punched her in the face right there in front of me, as if he had no respect for me or my daughter… I was pulling up in my car and he hit her. I didn't even think, I just jumped right out of the car and jumped on him. I ended up cracking his eye socket. And that's pretty much it. . .

Other VOs describe using violence in defense of loved ones against a real or even imagined attacker (Haggard, Grann, & Gumpert, 2005). Three VOs stated that they used violence as a means of defending or avenging a loved one. In these cases, the VOs describe their circumstances, or the choices

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of their victim, as provoking their violence. This perspective prevents AM from taking effect, given their

sense of justification. After the recorder had stopped, Herbie asked me to turn it back on. He had sat

calmly and spoke poignantly throughout his interview and it seemed that this idea had just occurred to

him:

> I would also like to add this, you know. Me, personally I don't like violence, I don't like chaos, I rather live in peace, you know. I think it's better to live in peace than live in chaos. But I went to prison because somebody sexually abused my son at a young age, and most parents would probably kill you for that, you know, and you don't have to be the most violent person in the world to get mad over something like that, you know. It's just certain people, you don't want nobody messing around with us or our family. It's not like I'm on the train going around punching people in the face, no it's nothing like that, you know. I guess if you do something to me to a certain extent, I'm going to react to it.

Lawrence, is nearly twice as old as Herbie and without the tough exterior. He was far from the

smooth talking, well-dressed gang member. Lawrence is homeless and lives in the same shelter as

Clifton. He wears sweatpants and an old army jacket, even though it is summer. He has just come home

but he says that his violent days are long over. Like Herbie, he also says his crime was a retaliation

against someone who molested his child. To send a message, he reports shooting up the house:

> The crime that I was convicted of, the guy that molested my daughter, I shot up his mom's house and I stood right there til the cops came. I didn't know anyone was in the house, but they brought an aunt out who was shot in the shoulder. . .

When Lawrence, described shooting through the outside of a house to avenge the molestation of

his son, also spoke about fathering his first child at the age of 12. I commented that 12 seemed rather

young, but he assured me it was normal his community. He explained that he was shot by a jealous peer

when he was only eight years old in feud of over a girl in their building. The level of daily violence he

described was incredible, but the similar tales of easy access to guns, abject poverty and the absence of

any adults were echoed throughout these interviews. At least three of the VOs fathered children before

the age of 13, and many more concurred that it was not uncommon to become a father prior to becoming

a teenager. Another common thread was that for the VOs who reported using drugs, their substance use

and alcohol use began as early as six or seven years old. In each of the examples, remorse was not

socially warranted because the participant did not feel completely responsible for the violence.

Specifically, one would not regret hurting someone whose own actions supposedly elicited the attack. The

same is true when violence comports to a communal ethic of violence, as with a violent community or

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household. Several participants spoke of a communal expectation of violence. For example, some men spoke about the "obvious" need to do commit acts of violence for self-defense.

The theme of growing up in violence created circumstances where even without feelings of anger, violent acts were deemed necessary. One respondent, Rashawn, was born in Jamaica, but grew up in notorious housing projects in the Bronx. Rashawn is wiry and, while muscular, he is far from intimidating. He described being surrounded by violence and claims that as a child he tried to learn martial arts in an effort to defend himself against bullets:

> We're not soft in Jamaica. I was already naturally stronger than city kids. I grew up in the crack era in the 80's in the Bronx in Burnside. There was always shootouts. I use to have to stay under a car until it was all over. I remember the early 90's in the Bronx where I had to watch my back all the time.

Rashawn is mandated to AM because of his charge of First Degree Strangulation. He claims that while he did use his hands on his girlfriend's throat, she doctored photographs and hospital records to exaggerate her claims. Rashawn's story does not appear credible, particularly given that he served time in prison based on these accusations. When he talks about his upbringing, however, a different picture comes into focus. Rashawn describes being relentlessly bullied in a neighborhood where random violence was also prevalent. In his descriptions of himself he describes flipping over cars, flying through the air in martial art moves, and basically dodging bullets. These imagined defenses, like his crime, appear to have been adjusted in his own mind to position Rashawn as a hero, or at the very least, diminish his role as aggressor. In terms of the offense that brought him to prison and now to parole mandated AM, Rashawn says:

> All charges against me were all false. It was the nature of the offense -- it was a domestic violence charge. The person pulled a knife on me, I disarmed them and they basically cried wolf.

How the individual judges the consequences of his behavior is based upon his perception of what is important in his life at that time. In this category, many different themes arose illustrating how these perceptions or judgements are formed. For Harlemites caught in the cycle of crime, perceived negative consequences caused turning points or pivotal moments that forced the individual to reflect upon how his actions were affecting his life. All the respondents spoke about the importance that different relationships played throughout their lives and how the desire to maintain those relationships motivated different

behaviors. While some people influenced the individual to get into trouble, others were instrumental in helping him get out of trouble and maintain a more pro-social lifestyle.

Retaliation

VOs contextualize the violent acts they commit as being deserved by the victim, or a form of punishment that their community or industry (like drug dealing) required. Parents who are excessively demanding, verbally or physically abusive, rear children who will likely be retaliatory or assertively defensive, aggressive and violent adults (Post, 1982; Mones, 1985; Paulson et al. 1990; Flowers, 2002). The cognitions typical for people with high levels of anger intensify perceived threat to their wellbeing or system of values and amplify their feeling of injustice. These, in turn, excite revenge and/or the need to protect the values threatened by the actions of others, who "should not" have done what they did or they "should" behave in a manner preserving the values (DiGiuseppe & Tafrate, 2007). In other words, the violence fueled by angry feelings and cognitions are often projections of rage that cannot be directed at the family members of the perpetrators. This sort of projection is sometimes misinterpreted by the VOs who cannot articulate why they needed to "punish" their offender. The only White participant in the study, Amaury claims his crime was an attempt to rid the world of a dangerous and deserving victim. As teenagers, he and his friends concocted a scheme to rob pedaphiles by luring them to Amaury's house and then robbing them. According to Amaury, they did this twice, proud to have devised a plot that earned money but also "punished perverts." The third time the three friends pulled this stunt, Amaury said the man who arrived was pure evil. He recalls pulling a gun on the man and then wrestling with him before deliberately shooting him in the head, "I could tell by the look he had that he was going to keep doing it and doing it, I just couldn't let that happen." According to Amaury, if pedophiles are the most reviled in prison, pedophile hunters are local celebrities. Amaury's crime and disposition do not imply he does not need help, but that AM is not going to help address the root of his offending behavior. Amaury's facial muscles seem to tense when he talks about pedophiles, "They should all be killed." He says. He has no remorse for the life he took, or even the decade he spent in prison because of it. If anything, Amaury's disposition requires a different mode of treatment. While it is beyond my expertise to say whether it is a psychiatric or therapeutic intervention, his mindset is not appropriate for group counseling. Amaury is currently attending college where he works as a tutor and majors in journalism. He excels at writing papers and seems to derive great satisfaction from helping other students. It struck me that the campus

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seemed to provide a stabilizing and prosocial environment for Amaury, and that attending AM in Harlem at an addiction clinic was of no service to him at all.

VOs who reported high levels of violence both past and current, also reported much less social support. It is challenging to imagine being raised in conditions where violence is ubiquitous and not adopting some degree of violence as normal or even necessary. Rob explains how his crime stems from his unmet needs:

> When I was growing up, I didn't have anything.. .my mother was poor, the little bit that she had, she wasn't, like, helping me out with. I was 16 and, you know, I didn't really understand the world, but I had a lot of anger. My stepfather died and I walked around angry every day... angry angry angry. .and it got to the point where the next person disrespects me., I'm going to hurt them and that's how I got in trouble.

This misdirected rage that stems out of abusive, negligent, and impoverished homes distinguish this type of offending. For one, these individuals described having their anger subside once they were able to meet their basic needs, even if this was in prison.

Claude, offers a similar account of being poor and feeling humiliated in the street. Claude had returned home after his first semester of college and a local tough started bullying him. It was Thanksgiving weekend and after nearly having a fist fight with the kid, Claude decided to pick up his brother's handgun that was hidden beneath the bed. Without any delay between the impulse to have the gun and the ability to obtain it, Claude took to the streets to look for his bully and avenge himself. Before he had the chance, however, his clumsy fumbling discharged the gun. A bullet ricocheted off the sidewalk and struck and killed his neighbor, the girl next door. While this is hardly a crime of revenge, the motivation for picking up the weapon was retaliatory, as opposed to motivated by need or fear. The refrain here is that the crime was not motivated by anger and therefore AM is an insufficient remedy for crimes that are more likely to produce feelings of guilt and shame in their perpetrators.

It seems that given how the VOs talked about their accessibility to weapons, motivations, and sheer circumstance, some of the VOs could not have escaped the commission of violence. As with Labeling Theory, the over-determination of violent behavior may seem to limit the role of free will, but in some of circumstances described, it becomes more difficult to come up with an alternative.

Rob's crime was a violent, intentional shooting at close range with a handgun, which seems incongruous given the small, quiet, disposition he displays. Rob is smart, quick with a joke and has a

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strong speech distortion from being hard of hearing in his early childhood, a condition that went unnoticed and treated. He is also small in stature, under 5'7," with a sheepish stance. He speaks with confidence, despite his impediment and is able to describe his experience of committing what many have termed "a random act of violence." Rob served a 16-year sentence for a murder that he committed when he was 14 years old. I met him when he was 30 and had been home for just a few days. In our interview two years later, he is employed full time and achieving high grades as a business major. Rob explains that he chose to shoot someone on the street as punishment for brushing past him in a disrespectful way. He was just 14 years old at the time, but he was still sentenced as an adult and had to serve his time in adult facilities. Rob's crime may seem unprovoked, or at the very least, unwarranted, but learning more about his background, brings the crime into focus.

Rob's mother was raped and thrown off a building was he was a child. Her crime was high profile, in all the papers. He describes her miraculous survival and years of recovery in hospitals and physical therapy, but her subsequent addiction to pain medication and neglect of Rob crippled him socially and emotionally, not to mention leaving him with a life-long speech impediment. Without his basic needs met and with no adult supervision, and never having been offered any assistance through the police who investigated her case, the hospitals that treated her, and the social services, school, or the community, Rob became a pressure cooker of unprocessed emotion. When describing the day of his shooting, I asked why he was carrying a gun and he looked at me quizzically. He was not carrying a gun, he explains. He was angry and so he approached a drug dealer in the doorway of his building and asked to hold a gun. Within minutes, a 14-year-old Rob was confronting the teen that he had just felt disrespected by, but now Rob was armed. When the victim attempted to walk off, Rob shot him twice in the back. The person who gave Rob the gun was an adult who never asked for money or an explanation before handing an adolescent Rob the loaded weapon. When I asked Rob if he would have shot the teen if he had to pay or even wait a few minutes, Rob stated, "No, but something would have happened eventually, I was just so angry all the time."

The anger that led to some of the crimes committed by VOs seems to be isolated and misdirected. For both Claude and Rob, there were no previous acts of violence and there was no time, no cost, and no counseling around using guns. The availability of weapons is a powerful force in the lives of

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some of the VOs. The role it plays is amplifying the damage of an impulse that most teenagers feel, but only some have the opportunity to act on. This is an important distinction if AM is focused solely on the individual and neither addresses the accessibility of guns in the neighborhood, nor in the treatment groups, the VOs that could be treated for their traumatic childhoods are lumped in with people who have committed any sort of violent act.

For some, violence comes from shame and circumstances that call for an extreme response. For others, violence is an extension of the community they live in or paritcipate in, as when a gang member is expected to use violence, or a drug dealer enforces a debt. These were people who angry that they needed something, usually money for drugs, and committed violence as a means to get their way, not out of a personal conflict. Data are presented from the respondents to illustrate each sub-category of anger. Anger control is the assumed goal of AM, these are people who experience any type of anger, but exhibit strong self-control in terms of managing their anger.

Impulsive

The impulsive category of anger is destructive and outward-focused. Although this explanation may differ slightly from the justified violence, most VOs still describe their acts of violence at out of their control. Stories of their childhoods and the type of conflicts the VOs experienced, seemed to pave their path to offending. Even the VOs who reported no involvement in illicit behavior or intention to cause harm, were still drawn into the violence while playing with guns, defending themselves, or avenging harm done to their family members. The role of the community in many of the accounts is that the neighborhood was unresponsive to trauma but quick to present weapons and other methods of coping like illegal opportunities for money, weapons, and drugs. Tony describes how it manifests for him when he says, "I wanna break everything in front of me… I don't know, I just I just get so angry that I calm down if I break something so, it's like I try not to be mad."

Even though Tony describes violence all around him, he does not view it as violent or even aberrant. For Tony, it is an extension of the values he was raised with:

> I was brought up old school, spanking now, since I'm in this new transition, I'm trying everybody's way to see if it really works, so I talk to him better and it works, it works a lot. I mean my girl, my wife now, she's the one that got me into it, she was like, 'How many spankings did you get growing up?' I didn't get spankings, I didn't get steams, I got ass whoopings-- extension cords, sticks, you name it. Water hose, you name it, we got hit with it. It didn't work. Look at me, I did ten years in prison, it didn't work.

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The VOs describe childhoods spent all unsupervised, loitering in the streets of unsafe communities. They often describe imitating and following other youths. Motivated by boredom, pride, or simply wanting to be included, these youths have been described as followers, but the cultural pressure their stories detail seem to paint another picture, one with less self-determination. Tony describes how in AM in prison, the juveniles he spent time with were responsible for their own violence:

> Half of the [AM] class got locked up cause they followed their friends. It wasn't nothing that they did on their own, so it was like you're not here cause of anger issues, you're here because you decided to jump off the cliff everybody else did it.

Taken together, these findings suggest that VOs with explosive personae may experience problems that AM is ill-equipped to address. Even in their descriptions of their anger, they tend to minimize their own roles and describe being surprised at the violence unfolding around them. Tony was able to find a job as a dishwasher through his brother who worked at a fast-paced Manhattan restaurant but describes losing his temper when his boss threatened to demote him:

> I almost choked the manager out… My brother was teaching me how to be a bar back. So I went from making 40 bucks a day to making almost $290 a day and like I said, I worked ten times harder because I'm making this much money and soon as the busy season was over. . There . . wasn't anything open... so he was like, 'I'm making you busser again, Bro.' That's almost like a $200 difference. And he was like, 'Hey man, decision is a decision,' but he said it like trying to be tough. He had one of those chairs like the one you have with the wheels that turn, so I turned him around, and when I went for his neck, everybody jumped on me like trying to hold me back. I never seen a manager run out of his office so fast but… that could have landed me back cause he did say he was gonna call the cops, but he didn't.

Instrumental

Instrumental aggression refers to violent acts which are carefully planned and seemingly void of any emotion. For the individuals embedded in the violent underworlds of drug sales (Tony) or gang law enforcement (Herbie), the circumstances of social comportment are fraught with unpredictable or acute (anti)social demands, rationality becomes bounded not by objective logic, but by the immediate demands of the situation and the proximate social environment (Topalli, 2006; Kahneman 2003; March 1994). Even though Tony recognizes that he has outbursts of violence, he disavows anger or a lack of control as motivating his crime or violent actions. Instead, his attitudes, decisions and behaviors, which on the surface may seem illogical, but make perfect sense to Tony, who lives in an isolated neighborhood overrun with violence and victimization, both in his home and on the street.

Tony's day-to-day survival, which was echoed by many of the VOs, is negotiated according to a specific code of "street" conduct (Anderson, 1999). Harlem bears a semblance to the provincially dominant and dangerous neighborhood described by Anderson (1990, 1999) and other 'violentologists' (Maher 1997; Tyler & Johnson, 2004; Wright & Decker,1997), who maintain that failing to respect the dictates of street culture can have grave consequences physically and socially, enough to make such environs functionally deterministic, producing behaviors and attitudes different from what most middle-class observers would expect or understand (Topalli, 2006). Some VOs, like Tony, subjectively feel warranted to do what they were arrested, convicted, and sentenced for, even after the fact, still not fully labeling their behavior as wrong, even in instances that resulted in murder. Tony says he does not feel forced to commit violence, but rather, his violent offending was the more sensible option given his circumstances:

> Well it was. . .not that much to calculate. It was he got me and I'm getting him back. It was just a code I live by, a street code, and... I don't know how to say it, you don't just take $100,000 plus the drugs from somebody and don't expect them to come back.

The code dictated the violence in Tony's case, not a loss of control. He applied the same code when he described the home invasion he committed as a means of avenging his stolen cash and drugs. Instead of finding his suspect home, he discovered his wife, son, and nanny.

> So the little kid was crying, like the nanny was scared. She didn't want to move so I grabbed the kid, you know, and gave it to the nanny they-- it's messed up, they both got tied up, but at least they got tied up together.
>
> Me: *How old was the kid?*
>
> Probably like eight.

Many of the men simply did not discuss the impact of their violence. They described their actions-usually assaults and robberies-off-handedly, rarely mentioning a victim. When the men did identify a victim, sometimes at my prompting, they tended to minimize the harm they had caused. Tony describes in an eerily detached manner, the moments before he shot the man he was seeking:

> I didn't feel anger actually. I'm not going to sit here and lie, I kinda' felt bad but... I made sure that I was the first one to say, 'Tie them up.' This is not my field; this is not what I do. I don't run into people's houses tying people up. I was a drug dealer, but I look at the fact of what other people say-- that peoples get hurt during these types of crimes, so I made it sure that, not when I'm around… I'm not going to be a... robbery gone wrong, victims is dead, and now they're doing life in prison. Worst thing I may have to do some time, but it's not going to be nothing for murder.

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Some VOs reported lifetimes of severe drug use, commonly citing addiction to crack cocaine, heroin, and alcohol. A related group also indicated diagnoses of depression, anxiety, posttraumatic stress, and learning disorders. There were also respondents who have been diagnosed with schizoaffective and bipolar disorders. Addiction and mental illness reduce productivity and strain intimate relationships (Miech et al. 1999).

Manny explains how addiction, even absent of anger, can lead to violence. He says when he is not using drugs, very little bothers him, but once he starts using, he quickly reverts back to his violent offending. This has caused him to cycle in and out of prison for the past 20 years:

> I wasn't angry, I just wanted to get high. My quickest course of getting some money is knocking somebody off their bike, and taking the bike and going to get high. Had nothing to do with me trying to hurt them, me being angry with that person or not liking that person. It was just me not having drugs... That's what made me angry... I'm a real easy going person... I go with the flow, but when I ain't got no drugs. . that's when I act out in violence. I knew that's an easy way to gain money, just dope-fiend somebody, knock them out, or tip them over and when they fall off their bike, get on their bike and break out.

Given different types of anger and violence, treatment should be targeted more specifically and with more attention to the source of the offending behavior. AM is described as burdensome to some, and for Tony, it was aggravating. Childhood trauma was described by a large number of VOs, despite not being asked directly about their childhoods. The VOs describe being raised in families and communities where there was horrendous violence, commonly known as ritual abuse. These include accounts of being stabbed, shot, burned, and sexually humiliated in their early childhoods. Exposure to violence, interpersonal assaults and threats intended to cause physical harm or psychological distress seems to run concurrent with accounts of violent offending, regardless of whether the violence was indoctrinated by abusive parents or learned through survival strategies passed down through street codes. Many of the VOs point out that the anger is not necessarily more present or extreme in their use of violence, but rather, violent acts are described as responses cultivated in environments where violence is a given.

CHAPTER SEVEN: Reimagining Anger Management

VOs were asked to imagine an alternative to AM. The exact question was, "If you could design your own AM program, what would it be like?" Most respondents said that they agreed people returning from prison needed a place to meet with other people dealing with similar issues, but the assessment, assignment, and engagement in group therapy would differ from the current model. Most of the respondents agreed that AM should not be the focus of mandated treatment. Instead, combining activities

that address basic human needs like housing, employment, and primary health care acknowledge the complex needs all people experience during the reintegration process.

Tony acknowledges that learning more about what affected him has helped him manage his anger. This positive outcome can emerge from mandated AM for some VOs, but only when the group stops being AM and starts functioning like group therapy or, in Tony's case, creates emotional literacy. Tony explains, "Everything that I didn't understand made me angry. Anything that I couldn't comprehend, everything."

In some cases, VOs said being in group helped them develop skills to apply to relationships. In AM, they were able to establish trust, open communication, take their frustration to a safe space, and share anxieties they weren't ready to explore with intimate partners and family. This was always credited to the facilitator and not the topic of anger. Tony, who did not find AM helpful, says he would like to work on his anger but he has not developed these skills despite repeatedly being mandated to participate in AM. Tony admits he still experiences outbursts of violence. He describes the type of training he thinks would help him:

> What I realized studying [in prison] and it's weird but the more information... the more studies they put on my head, the less angrier I am. It's like... you're expanding your brain. It's like you're not always stuck on the same thing.

Increasing education can be life-changing and bring about the same desired effect as mandated programs. Offering educational opportunities in prison would be particularly advantageous since nearly every VO said they had voluntarily signed up for AM prior to release as a way of appealing to the parole board. They would likely do the same with education. The value of educational programming cannot be overstated. In the words of Tony:

> I noticed that the most I start learning, it's the less I started cursing, or the less I start getting angry, and everything just starts getting better. Like as far as you look at everything with a different mind. Instead of me thinking about something with four words in my brain, I'm thinking about something with 1,000 words in my brain. That's a huge difference.

Findings from this study suggest that alternatives to AM and a better assessment of the likelihood that a VOs will benefit from the program, should be considered. In addition, AM, as an arm of reentry needs to abandon the idea that parole-mandated services can promote positive behavior changes, and begin to build protective attributes in VOs that prison may have degraded. Empathy, communication

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skills, and emotional literacy are all protective factors. Rather than addressing the anger that is presumed to underlie the offending behavior, parole could use its resources to bear on the basic human needs that a person requires upon reentering.

Assuming that AM is aimed at reducing violence and recidivism, the testimony of the respondents made clear that any therapeutic intervention must first address the childhood and institutional trauma that every one of the people interviewed described. The underlying logic of AM that inscribes criminality on particular racialized and classed bodies, and then proscribes the seemingly inevitable criminal justice mandates as a response to these deficits. A better approach would involve genuinely transforming the conditions that lead people to commit violent crimes. Recognizing that people on parole lack necessary skills for successful reintegration (Petersilia, 2003; Travis & Waul, 2004) is important, but conceiving of a punishment strategy that does not take agency away from people can be even more effective in the long run and redirect attention to the structural barriers that lead to violence in the first place.

From the critique of current AM programs, it is clear that the mandate serves little purpose for those required to attend. The space they are mandated to occupy, the people VOs are required to share their life with and the time that parole fills with requirements take a toll, depending on the needs of the reentrants and the quality of the program. While the VOs offered interesting ideas about how to reconfigure the mandate, and whether to have mandated treatment at all, three major points seemed to resonate. The first is that not one of the participants received any sort of assessment as to what their needs were. The second point was that there needed to be more deliberate decisions about where the VOs are being sent. Assigning reentrants to groups that reflect their needs and preferences could create more meaningful community. The final point made is around engagement by facilitators. The VOs seemed to feel strongly that the people facilitating the group have the ability, interest, and qualifications to develop a therapeutic community. Implementing these changes could go a long way to improving the experiences of people mandated to treatment, but nearly every participant agreed that they should be in control of their own mental health services. Also, there was nearly total agreement that services mandated by parole are intended to surveil, not treat the VOs.

Assessment

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People in need of treatment could be mandated to a group that they have input in choosing and addresses their assessed needs, with a priority on basic needs first like housing and employment. Another suggestion is that service providers present options to the VOs and offer a range of services in addition to AM. For example, people on parole often have a low education level (Holl & Kolovich, 2008). Reentry programs could be structured around anti-oppression educational frameworks. According to the VOs, meeting as a group with other reentrants could only be helpful if new information or resources are being provided. Tony imagines an AM group that addresses his immediate needs. He was open about his difficult transition and was adamant that had he been able to express his needs prior to treatment, he could have received more relevant help: "What I really need information on... as far as to get my own apartment, to help me get… I don't know how to say the word, help me get better back into society like… exactly reintegrate."

Some reentrants have the herculean task of reestablishing family relationships or having romantic relationships for the first time. Improving communication with women, reunifying with children and family, and establishing themselves as independent are all areas of focus in a reimagined AM.

Assignment

Several of the VOs were interested in continuing the group therapy they had started in prison or connecting with other formerly incarcerated individuals for support. There seemed to be a connection between people amenable to treatment and those who had participated successfully in drug treatment or were receptive to the group format. At the same time, these VOs complained about the other people assigned to their groups. People who were inappropriate due to their age, attitude, even language were presented. Many of the VOs questioned why they were unable to be assigned to groups for motivated individuals. This could easily be achieved by assisting people on parole with accessing mental health services through Medicaid providers or through community based health center. This route would allow people interested in participating with voluntary participants as well.

Another aspect of assignment is that the nature of a person's violence may be less appropriately dealt with in a group setting. For example, one participant, Rob, stated that the group dynamic prevented him from sharing about things that could lead to him getting in trouble. Rob described his relationship with

a woman who invariably pressed charges against him for assault, a charge that he was able to beat in

court, but reflected the level of aggression in the relationship:

> With my e- girlfriend, like, honestly, I would try to. use her to understand myself... because she... could get me angry also, and I really wanted to know why was she doing that. She would get me angry whenever she want... I haven't figured it out yet, but... I want to figure it out you know, like work on that. I need to.

Some VOs noted that if they had better ways to articulate frustration, violence would not be as necessary.

Frustration causes the violence because other forms of communication are not available. Tony describes

this:

> Every other sentence that came out of my mouth, I had fuck next to it like, 'I gotta go get these fucking drugs,' and 'I gotta freaking see these fucking people.' I was cursing so much cause of the lack of words in my alphabet. It's like the more I started learning more words, the less cursing, the less I start getting angry.

Engagement

Engaging participants in treatment can be difficult with VOs, particularly when there are still high

levels of violence in the day-to-day lives of the participants. A major criticism that was repeated

throughout the interviews was that the facilitator was related to the level of cynicism the VOs expressed

toward receiving treatment. Engagement could extend beyond a parole mandate and work like a network

connecting recent reentrants to employment, health, family reunification, financial planning and other key

services. The idea seems to be that AM should address the causes of frustration, rather than the

management of frustration.

Reentry initiatives rarely address conditions on a family- or community-level. At the same time,

programs for returning prisoners cannot hope to address the obstacles to reentry, "if the problem is

continually positioned as a failing internal to the individual prisoner as opposed to a cause for radical

systemic change" (Byrd, 2013, p.6). Just as Angela Davis (2011) points out, the violent offender is not a

monolithic group, just as violence itself can be socially constructed. In this way, the reality of the VOs is

criminalized, and then attributed to their inability to manage their anger. AM, no more than prison, does

not attempt to address the underlying trauma, racism, oppression, or mental health conditions many VOs

reported coping with. These experiences are not inherent in poverty or race, but the structures that surround and support (or fail to) poor communities.

Unfortunately, most offenders are undereducated prior to incarceration (Tracy, 1994; Visher, Baer, & Naser, 2006), and most parolees are unsuccessful while on parole (Crayton, Mukamal, & Travis, 2009). Educational institutions are not inherently empowering or free from the carceral logics underpinning mass imprisonment, but they can be equipped to be responsive to the needs of former prisoners. Gerald suggests that AM be replaced with a more useful form of treatment: "I think that if they spent more time trying to help people get jobs. Trying to give them a means to support themselves, that would probably be a better use of their time." Employment has the multidimensional effect on the behavior of reentrants (Farrall, 2002; Rhodes, 2008). Employment offers a reduction in unstructured time and an increase in 'structured' time, as well as income, which enables important social and recreational activities and the establishment of significant relationship. Put succinctly, employment provides VOs with, "a legitimate identity; and increase in self-esteem; use of an individual's energies; financial security; daily interaction with non-offenders… a reduction in the time spent in a single sex peer-aged group… and ambitions and goals, such as promotion at work. (Farrall 2002, p. 146). This is the opposite effect of how AM groups function and if anything, decrease earning potential by intersecting work hours in sometimes inconvenient locations.

Money is important to the VOs. Knowing how to earn it is something that prison impacts in a profoundly debilitating manner. The cost of resettling after prison is enormous, as are the fees and fines accrued in the process. Ex-offenders need to figure out how to make money, secure shelter, pay for clothing, gas, electricity, and a phone, all while avoiding a "sense of despair or the nihilism taking hold" (Halsey, 2007, p. 29). Adding to their burden, many VOs had their first and only 'real employment' experience in prison, often in dead-end jobs for wages maxing out at 25 cents per hour. Figuring out how to apply for jobs without basic computer skills, job skills, or interview skills, is difficult. When coupled with the restrictions of parole, this task is near impossible. Most VOs leave prison and immediately seek jobs in the lowest sector of pay, which does little to advance their futures. Cleaning, industrial or construction sites for minimum wage is often the goal of the job search. Average earnings for reentrants are extremely low after incarceration, and unemployment has been found to exceed 30% (Kling 2006; Western, 2006).

Low wages and high unemployment, particularly for recipients of welfare programs can compound stress. Despite this major factor that seems integral to the success of a reentrant, money management, employment readiness and computer literacy are not a focus of parole supervision or the mandated AM curriculum. Creating or accessing a space like a classroom or place of employment where VOs can reflect on the gifts they have to give now that they are free, reunite with family, and begin the trauma recovery process inherent in having been imprisoned could more dramatically reduce both violence and recidivism.

Address Childhood and Institutional Trauma

Rather than focusing on reducing anger, mandated treatment would be more likely to reduce violent offending if it focused on recognizing and treating institutional and childhood trauma. Psychoeducational and psychotherapeutic group therapy administered by a licensed clinical social worker or therapist, alongside a peer educator, could be an effective mode for creating community. High-quality, trauma-informed group therapy can also provide a forum to exchange resources and support, but only if the institution is transparent about its motivation to provide care and preparedness to do so.

Replace the Mandate with Access

The challenge for policymakers is to determine the extent to which a coercive approach should be applied to people returning from prison, or how many times such a coercive treatment should be used with some who recidivates to prison and then returns to parole. For some people, a mandated therapy can address a problematic behavior, but this is not a consistent need across the board with reentrants. At the same time, nearly every person returning from prison is disconnected from a health care provider, therapist, and community health clinic. Rather than connecting to these entities through parole, they are often routed to agencies that will not provide services after the mandate. The VOs expressed a desire to connect with helping professionals who can continue to provide services long after the parole mandates are satisfied. When discussing their suggestions for improving or redefining AM, several described having medical, family, and mental health services that were individually tailored. Community health clinics that accept Medicaid and provide services to a broad neighborhood constituency can do more to assist a reentrant than a program housed in a clinic for people with problems specific to being on parole.

Assessments Treatment Needs

Moreover, the treatment community needs to screen and identify clients suitable for a specific

type of treatment modality. This dissertation's findings therefore bear clear policy implications. The

findings support coerced treatment as having the potential to effect positive change, but only when it

builds in protective attributes and connects VOs to ways of meeting their basic human needs and

increasing social capital. Obviously, effective treatment of VOs who have substance abuse problems

requires far more than just mandated AM, but the ability to access the appropriate level of care.

Treatment integrity and continuity are crucial pieces to the puzzle (Prendergast et al, 2002) and seem to

be easily achieved when VOs have input into their treatment preferences.

Anger management should be offered to VOs on the basis of the likelihood that they will benefit

and they should be paired with a model (facility) and modality (program) that suits their specific needs.

The VOs who described having difficulty managing their explosive tempers can only benefit from a

program that is equipped to provide the therapy they need by a licensed professional. The assumption

that programs deemed worthwhile for volunteers would also be effective with mandated clients, ignores

the role of the parole mandate as failing to engage the VOs in treatment.

Conclusion

VOs describe their experiences with AM in the community as background noise to a violent

cityscape. The VOs seem to agree that AM does little to influence the violence they are committing and

enduring. It seems that a better approach would incorporate assessment into the referral process; ensure

that reentrants have access to professional mental health services and psychiatry; and combine AM

concepts with strategies for employment and housing. I think Herbie, the enforcer for the CRIPS put it

best when he said:

> I don't think anger management can cure anybody, I think it can help make a person conscious
> and help them stop being as violent or less angry but as far as cure? No, ce that's an emotion
> that's always gonna be there, it's just all depend on how you are gonna respond to a situation.

It is clear from their descriptions that mandating VOs to AM can actually increase frustration and

undermine their self-determination. For these VOs, the institutional trauma created by conditions of

confinement and the shock of reentry are compounded by the mandates to attend AM. VOs perceive AM

programs as unprofessional, inadequate and unnecessary. The perspectives offers by the VOs

demonstrate that there should be a move away from the strategy of "blanket" delivery of programs to all

offenders who are referred due to violent offenses or because they have been informally deemed to be suitable.

Having recently released VOs entering methadone treatment centers or commuting to programs in dangerous locations is counterproductive to community reintegration. AM programs that are mandated to the VOs returning from prison do not begin to address the structural causes of violence or ease the transition from prison to the community, neither of which are even the goal. VOs reenter Harlem with limited resources and precious little time to spare. Any services mandated should be instrumental to building their social capital and material resources.

This exploratory research demonstrates the need to attend to the places and programs where VOs are mandated to spend their time when the first return from prison. VOs on parole are not in a position to demand that their needs or input be taken into consideration. As people who are still captives of the criminal justice system, they have diminished rights and no representation. While the violent acts they commit have caused harm and cost lives, they have paid with their freedom and now must acclimate to the free world. For this reason, it is important to devote more scholarly attention to giving voice to people whose perspective might otherwise be silenced.

APPENDIX A. Definition of Terms

Anger management is a therapeutic treatment intended to increase self-awareness regarding anger,

anger triggers, and anger related behavior; provide coping strategies; and offer relaxation training. Anger

control techniques are based on assumptions of cognitive psychology, which places emphasis on the

purpose, understanding, and reasoning in behavior (Gondolf, 2004). By making an individual more aware

of the underlying thought process that leads to provocation and physiological arousal, anger management

treatment is meant to enable the individual to avoid aggressive behavior.

Mandated Anger Management Treatment (AM) means that legal force is used to compel a person to

enter treatment, and includes an implicit evaluative component that non-compliance will in some way be

unpleasant or aversive action.

Facilitator in this dissertation can be a licensed or unlicensed counselor, social worker, psychologist,

therapist, or specialist who provides AM treatment either in prison or to people on parole in the

community.

Violent Offender encompasses a wide range of crimes, but for this study excludes people who are

mandated to training for a sexual or domestic violence offense. Many have argued that such offenders

have unique treatment needs (Serin & Preston, 2001), and there is a long history of specialist programs

for sex offenders.

Anger from a forensic context, can be challenging to define, but a basic definition can be submitted:

> Anger is a negatively toned emotion, subjectively experienced as an aroused state of antagonism
> toward someone or something perceived to be the source of an aversive event. It is triggered or
> provoked situationally by events that are perceived to constitute deliberate harm-doing by an
> instigator toward oneself or toward those to whom one is endeared. Provocations usually take the
> form of insults, unfair treatments, or intended thwarting. Anger is prototypically experienced as a
> justified response to some ''wrong'' that has been done. While anger is situationally triggered by
> acute, proximal occurrences, it is shaped and facilitated contextually by conditions affecting the
> cognitive, arousal, and behavioral systems that comprise anger reactions. Anger activation is
> centrally linked to threat perceptions and survival responding (Novaco, 2000, p. 170).

Violence research is inconclusive on the meaning and specific actions that encompass the phenomenon of committing an act of violence. Generally, violence includes intentional actions that either resulted in or was intended to result in bodily injury (Zimring, 1979; Farrington, 1998; Tolan, 2007).

Aggression encompasses harm, behavior, and intent (Anderson & Bushman, 2002). But aggression is also, "any form of behavior directed toward the goal of harming or injuring another living being who is motivated to avoid such treatment" (Baron & Richardson, 1994, p. 7).

Coercion, which is used interchangeably with mandated as in mandated treatment, is reserved to describe situations in which clients perceive a lack of control over the treatment entry process.

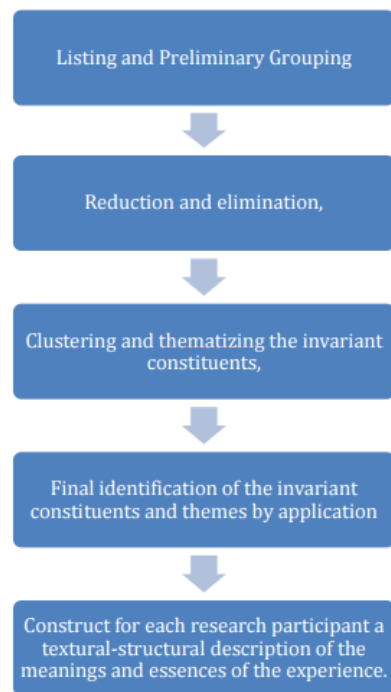APPENDIX B. Phenomenological Four-Step Method

Figure 1. Moustakas's (1994) original phenomenological four-step method.
Moustakas, C. (1994). *Phenomenological research methods.* Sage Publications.

APPENDIX C: Demographic Table of Interviewees

	Name	Age range	Ethnicity	AM Program	Offense	Years in prison
1	Reverand Ray	50-55	AA	PRP	Murder	18
2	Gerald	30-35	AA	CHC	Assault/Possession of a firearm	10
3	Luis	45-50	Dominican/P Puerto Rican	DTP	Murder	10
4	Jack	60-65	AA	DTP	Att. Murder	20
5	Carlos	45-50	Puerto Rican	MTC	Murder	16
6	Manny	35-40`	Puerto Rican	DTP	Assault/Mauling	18
7	Rob	30-35	AA	MTC	Murder	15
8	Gilbert	30-35	Dominican	CHC	Attempted Murder	15
9	Ernest	60-65	AA	PRP	Murder	20
10	Jus	35-40	AA	CHC	Robbery w/Deadly Weapon	18
11	Hector	30-35	AA	CHC	Poss Unlicensed Firearm	15
12	Claude	45-50	AA	MTC	Murder 3rd Degree	10
13	Cherokee	40-45	AA/Native American	CHC	Murder	10
14	Tony	25-30	Puerto Rican	PRP	Murder; Home Invasion	10
15	Freddie	35-40	Puerto Rican/Dominican	PRP	Murder	15
16	Lawrence	50-55	AA	CHC	Murder	10
17	Clifton	50-55	AA	CHC	Murder	20
18	Eugenio	35-40	Latino	CHC	Murder	10
19	Leo	35-40`	AA/Latino	CHC	Poss Deadly Weapon	8
21	Rashawn	35-40	Jamaican	MTC	Strangulation	3
22	Josiah	30-35	AA	DTP	Att. Murder	10
23	Herbie	30-35	Puerto Rican	CHC	Assault on NYPD	15
24	Calvin	30-35	AA	DTP	Arson	8
25	Edwin	35-40	Dominican/P Puerto Rican	MTC	Armed L	12
26	Unique	30-35	Dominican	DTP	ATT. Murder Assault on NYPD	
27	Dr. K	65-70	White	MTC	Facilitator	
28	Roberto	55-60	AA	CHC	Facilitator	
29	Victor	50-55	Latino	MTC	Facilitator	
30	Amaury	30-35	White	N/A	Murder	10

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