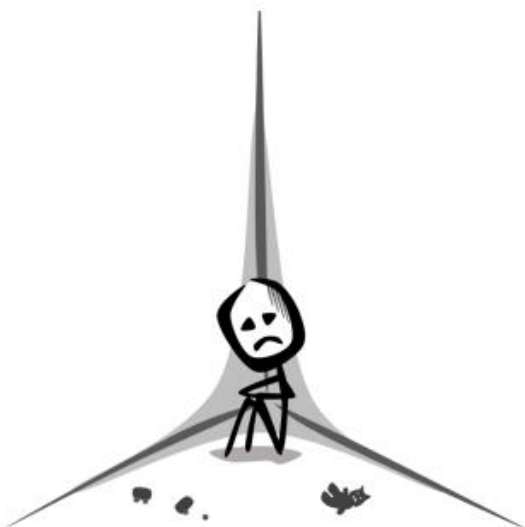


Realities of Incarcerated Men Returning to the Community

Kirk Morrison (MA Sociology)

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“Our prison system is often the last stop for Nova Scotians who face extraordinary struggle rooted in oppression. Marginalized Nova Scotians are often discarded and find themselves in the criminal justice system when our economic, social, education and healthcare systems fail to include or understand their perspectives.” - Alec Stratford (2018), Nova Scotia Association of Social Workers

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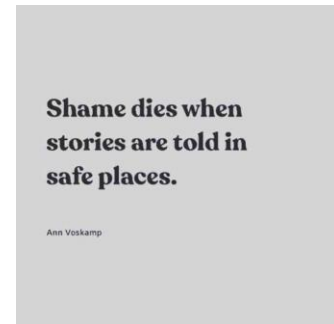
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Remembering Dr. Margaret Dechman (1957-2020)

Contributed by Marcie McKay, a community partner who worked closely with Margaret during community research initiatives.



We would like to honor and pay tribute to Dr. Margaret Dechman of Cape Breton University. This research was both her brainchild and passion, and it was so unfortunate our community lost her suddenly in 2020 before she could see its completion.

Margaret was responsible for developing the interview tools, ensuring the men we talked with felt safety and compassion, and for getting community partners onside and excited by the possibility of system change. Bringing justice partners onboard to permit research in their often insular settings was a big accomplishment that Margaret deserves much of the credit for.

Margaret always said that people should never feel 'thrown away' and that sadly too many do in our community. Margaret saw people first, rather than behaviors. She truly listened with an open heart. Her brilliant mind was always busy making connections to understand key issues like stigma and trauma. She captured meaningful life accounts from folks who likely would not have shared this intimate detail with just any researcher. That's because she greeted everyone with a genuine smile, beautiful, hearty and unique laugh, and zero judgment.

We acknowledge that this report would have been crafted differently had Margaret seen it to completion. Margaret had a growing interest in brain development that she was integrating into her approach that is not included in this report as we could not do that aspect justice. What we can share is that Margaret wanted others to know that trauma changes people's brains, often keeping them in a reactionary 'fight or flight mode' where decision making is compromised, unless they can start to feel real safety and begin to let their guard down. She saw the incarceration cycle and these brain processes as intricately linked.

Her close colleagues and friends remained involved in overseeing the research processes after her passing, when easing COVID restrictions could allow work to continue. The report author is a former student of Marg's, who worked alongside her as an assistant on data collection and interviewing. Marg helped further foster his interests in the carceral system. He now holds a Masters in Sociology and plans to continue community-based incarceration research.

Allowing this report to speak as much as possible from the interviewed men's perspectives is consistent with Margaret's approach.

The community is not the same without you. You are missed. We will all aim to be a little more 'Margaret' in our interactions!

“If there is one thing that is clear when one delves into policy and programming associated with marginalized populations, it is that we cannot rectify the consequences of prolonged and often inter-generational exclusion with any one “quick fix” intervention. The group of community and governmental representatives working on this project is testament to the willingness of those working within the Cape Breton Regional Municipality to leave their silos behind in the pursuit of broader solutions that are imperative for addressing our most serious social problems.”

(Dr. Margaret Dechman 2018)

Acknowledgements:

- First and foremost, the 112 men (*number includes those in more recent focus group, plus original group interviewed) who shared in detail their experiences, past struggles and hopes with us in an open, frank and sincere manner.
- Local research advisory committee: Marcie McKay (Health Promoter, Public Health), Patricia Bates-MacDonald (Social Worker, Cape Breton Correctional Facility), Janet Bickerton (Ally Centre Health Services) and Christine Porter (Ally Centre, Executive Director).
- Cape Breton Correctional Facility: Gena MacDermid-Gosse and staff team for allowing this research to happen. The doors are not always held open for community to partake in this setting and we appreciate your willingness to work with us and explore solutions.
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- A number of community partners and their representatives who attended past roundtables to learn about the research and offer their perspectives: Cape Breton Correctional Facility (CBCF), Ally Centre of Cape Breton, Department of Community Services, Cape Breton Community Housing Association, Mental Health & Addictions, Public Health, Opioid Recovery Program, Family Place Resource Centre, Nova Scotia Works Employment Services, Community Corrections/Probation Services, and Cornerstone.
- Assistants involved in the earlier phases of this research for creating a comfortable, non-judgmental setting when interviewing the men: Zabrina Downton and Jo-Anne Rolls.
- Megan Peters of the Ally Centre for helping organize a focus group in 2022 with local men, at the Ally Centre, to explore the relevancy of past research.

Author Statement:

This report examines the reentry realities of a group of incarcerated and formerly incarcerated men. Before delving deeper into the experiences of these men, I want to highlight the current arrangement to deal with social problems and behaviors typically deemed unacceptable.

This report is theoretically informed by the sociology of Loic Wacquant. Wacquant (2009: xii; 287-290) explains that western nations, influenced by the United States, adopted policies to retrench and restrict social welfare systems, while simultaneously expanding the police, courts, and prisons to manage the most troublesome of the poor. He notes that a *restricted social welfare system* and *intensified penal system* are a *conjoined effort* to *normalize, supervise, and/or neutralize* marginalized people.

Wacquant situates this conjoined policy effort as part of the neoliberal political economic paradigm that emerged in the late 1970's and early 1980's and was adopted by western nations. Neoliberalism, according to Harvey (2005: 2), reorientates the state to establish and maintain an "institutional framework characterized by strong private property rights, free markets and free trade." The market is the central feature of neoliberalism as maximizing social good is achieved through enhancing and widening the market (ibid., 3). The neoliberal policy shift has institutionalized "deregulation, privatization, and withdrawal of the state from many areas of social provision" (ibid.). Neoliberalism also reduces the size/role of government, rejects government deficits, alters tax policy, and reforms state spending (McBride 2005: 99). A full examination of neoliberalism is not warranted here. It is worth noting, however, that neoliberal policy reform was initiated in Canada by the Mulroney government in the 1980's, but it was realized by the Chretien Liberals of the 1990's and continues to present day as the dominant political economic paradigm of the Canadian state (ibid.).

Wacquant (2009: xxii) argues that neoliberal policies of retrenching/restricting social welfare and expanding criminal justice have obscured the fact that contemporary societies have three main strategies to address social problems. The first strategy is **Socializing** at the structural level by deploying the social welfare state. He explains that this approach addresses a social problem such as homelessness by building or subsidizing housing for the homeless or providing them a job or income to pay for shelter. Wacquant notes that *the socializing effort, narrowed over several decades of neoliberal policy adoption, would require "(re)asserting the responsibility and (re)building the capacities" of the welfare state to reduce social problems.* **Medicalization** is the second strategy, and this approach considers homelessness as an individual problem relating to pathologies such as substance dependency or mental health issues which require medical treatment. **Penalization** is the third strategy, and it serves as a "technique for the invisibilization of the social problems that the state no longer can or cares to treat at its roots" (ibid. xxii). In this scenario, the prison serves to hide homelessness by temporarily *removing the poor from the urban landscape and holding them under lock and key.* Wacquant explains that western countries "implement these three strategies in diverse combinations and for diverse social problems" (ibid.). The strategies are often interrelated and Wacquant highlights how medicalization and penalization are historically linked by the former serving as a "conduit" to the

latter through introducing “a logic of individual treatment” (ibid.). He acknowledges that the combination of strategies and level of their application are political choices resulting from political struggles between the people and institutions who shape policies for marginalized people. Wacquant believes that our political choices are not being made with a full understanding of the causes and consequences of each strategy. Furthermore, he notes that the dominance of penalization in politics and media gives the false belief that this approach is the most appropriate way to restore sociomoral order, ensure public safety, and that there is no other realistic approach to mitigating social problems (ibid.).

Therefore, when engaging with reentry travails of men in Cape Breton, I encourage the reader to seriously *consider the men’s knowledge and assessments of our current combination of strategies to deal with social problems*. It should also be *acknowledged that strategies to address entrenched social problems and their corresponding social changes may be a challenging process, but that should not discourage these efforts*. Currently, we have come to a position, both nationally and municipally, where socializing efforts to assist marginalized people are viewed skeptically and considered unrealistic. In this view, housing the marginalized is problematized as bringing disorder to neighborhoods, and efforts to redistribute resources to the poor is considered a waste or even dangerous because the money might be “inappropriately spent.” This thinking is unhelpful because it condemns and delegitimizes socialization efforts before they even materialize, and any possible consequences are encountered. *As social problems are so entrenched, efforts to change them are going to pose new challenges and an effort that is both flexible and dynamic enough to address potential complications and the concerns of nay-sayers who wish to maintain the status-quo is required.*

Executive Summary:

On any given day in 2020-2021, the average daily count of adults in the Nova Scotia provincial correctional system was 311 (Nova Scotia Department of Justice 2023), and during the same time-period there were 3,326 total custodial admissions to Nova Scotia jails (Statistics Canada 2022a). This means that thousands of men annually enter and exit Nova Scotia jails. With men fluctuating in and out of prison, they regularly, in some instances multiple times a year, experience prisoner reentry as they attempt to traverse the post-release environment to reintegrate¹ and avoid future incarceration.

The Government of Nova Scotia (2021) claims that its correctional system serves to detain safely and securely, direct, and control inmates, as well as “to provide programs that address dynamic criminogenic factors to assist with the successful reintegration of these individuals into the community.” Likewise, Canada’s Public Safety Minister recently stated: “All offenders must be able to serve their sentences with dignity and without fear, in an environment that supports rehabilitation and prepares them to reintegrate into Canadian society” (CBC News 2022).

Despite receiving reintegration support and preparation assistance from correctional institutions, reentrants are often unable to reintegrate and ultimately return to prison. Recidivism, often leading to reincarceration, is a significant problem, yet Canada does not collect recidivism statistics because there is no uniform, jurisdictionally recognized definition or method for collecting and measuring the phenomenon (Government of Canada 2020). According to Bonta (2003: 1) measuring the recidivism rate is worthwhile because it is an indicator of the “success of a prison system’s attempt to reintegrate the offenders safely into the community.” Nonetheless, Correctional Service Canada (2019: 11), in a study of 22,685 federal reentrants who were divided into two release cohorts (2007-2008 and 2011-2012), found that men released in 2011-2012 had a 24 percent recidivism rate after two-years of release but this percentage increased to 39 at the five-year mark. Indigenous men in the same cohort, however, had a 38 percent recidivism rate at two-years and 59 percent at five-years (*ibid.*). Although recidivism rates for provincial reentrants are unknown, these figures give an estimation of federal recidivism and demonstrate that the Canadian prison system is not successfully reintegrating the formerly incarcerated into the community.

While correctional systems prepare people to exit prison, post-release assistance continues in the community as reintegration is supported through a variety of interventions (Griffiths, Dandurand, and Murdoch 2007: 3). Several North American jurisdictions have targeted interventions designed specifically to assist reintegration (*ibid.*), but for the most part, and in the case of this report, community reentry supports outside of carceral interventions (community sentences,

¹ This report adheres to conceptualizations of the terms reintegration and reentry as they appear in mainstream academic literature: returning from prison and experiencing a transition period where one becomes reacquainted into society. However, an overarching concern for the reader is the fact that reentrants are generally marginalized people who have never been integrated into society (Griffiths, Dandurand, and Murdoch 2007). With such high rates of people returning to prison, what are they really reentering to? The term “prelude” has been proposed as more appropriate to reentry as it describes release as the beginning of the reincarceration process (Wacquant 2010: 611). Ironically, with this definition, reentry could be inverted and come to represent the eventual reentry to imprisonment.

probation, etc.) are part of traditional social welfare programs. Social welfare interventions such as the Department of Community Services (Income Assistance, employment/housing support, skills training etc.), homeless shelters, Housing First, healthcare, harm reduction, etc. provide reintegration support to reentrants.

Men released from prison struggle with accessing and utilizing supports available from the social welfare state. They often experience barriers and stigmatization and go without needed supports. Moreover, social welfare supports are currently inadequate to dispel poverty, let alone enable reentry. The difficult social realities of reentrants, coupled with inadequate and inaccessible social interventions, makes reintegration elusive and reincarceration probable.

This report documents the reentry struggle of a cohort of men incarcerated, or formerly incarcerated, in the Regional Municipality of Cape Breton, Nova Scotia. Reentrants in Cape Breton experience myriad reintegration difficulties. Prior to carceral involvement, the men endured trauma from childhood experiences—abuse, grief, removal from family homes. They often felt unsafe in homes, neighborhoods, and schools, and their families had low levels of trust in state institutions. The men often first experienced incarceration in youth facilities, with many in and out of institutional controls for their entire adult life. Post-incarceration, these men struggled with substance dependency, mental health issues, poverty, adjusting to life outside prison, and letting down a guarded position developed during incarceration. Additionally, they were challenged by attempts to procure reintegration support from the social welfare state to assist with income, housing, employment, and healthcare. They experienced pervasive stigmatization, were excluded from community spaces, employment, and housing, and they struggled to secure transportation. Furthermore, their reintegration was impaired by probation orders and conditions of release that required behavior change which was unrealistic to their social reality.

Introduction:

This report examines reentry realities and travails of a cohort of men who were incarcerated, or formerly incarcerated, in the Cape Breton Correctional Facility (CBCF). Leaving prison² and reentering society is arduous (Western, et al. 2015), reentrants experience stigma and barriers to housing, employment, and social welfare (Anazodo, Ricciardelli, and Chan 2019; Keene, Smoyer, and Blakenship 2018; Visher and Travis 2011). Reentry is understudied in Canada (Balfour, Hannah-Moffat, and Turnbull 2018), and scholarship on male inmate experiences in provincial corrections is limited (Ricciardelli and Gazso 2013). The lack of studies pertaining to reentry from the Canadian provincial/territorial carceral system is a particularly urgent concern as Canada is in the midst of an opioid crisis, and there is a well-established association between reentry and drug toxicity death (Binswagner et al, 2012).

The numbers:

When it comes to both individual and community wellbeing it is important to examine the details and outcomes of settings in which segments of populations spend a significant amount of their time living, working, etc. One such setting is the justice system. On any given day, roughly 18,950 people are incarcerated in Canada's provincial/territorial correctional system (Statistics Canada 2022b). It is worth considering that this figure represents a Covid-19 carceral reduction of roughly 4,500 inmates between 2019/2020 and 2020/2021 (Statistics Canada 2022b). Containing the Covid-19 pandemic created a statistical anomaly in Canada's provincial/territorial correctional system: a 21 percent decrease in the annual average daily count of adults, the largest reduction since the late 1970's (Statistics Canada 2022c). It is important not to exaggerate the significance of this Covid-19 change in provincial corrections because the downward trajectory of daily counts of adults only occurred from March to May of 2020, and then the trend reversed, seeing a 14 percent increase from June 2020 to March 2021 (Statistics Canada 2022c). It is likely that in the coming years, provincial/territorial carceral populations will continue to increase to their pre-Covid-19 level.

In Nova Scotia, there were 3,326 total custodial admissions in 2020/2021 (Statistics Canada 2022a). While 577 admissions represent sentences, 2,531 admissions were for remand.³ This means that more people are being held awaiting trial before the establishment of guilt than those serving time as part of a sentence. The disparity between sentences and remand is representative of a 30-year recomposition of Canada's carceral system as sentenced populations have decreased and remand populations have tripled across provincial/territorial corrections (Deshman and Myers 2014; Webster 2015). Remand admissions in Nova Scotia, from 2005-06 to 2015-16, were 87 percent male and 13 percent female (Nova Scotia Department of Justice. 2018: 15). This

² A note on terminology: In Canada, prison refers to federal carceral facilities and jail refers to provincial corrections. In this report, however, the terms prison and jail may be used interchangeably, but ultimately will be referring to incarceration in provincial corrections.

³ Remand is the temporary detention of accused persons before trial or the establishment of guilt. Remand is used to ensure court attendance, for public safety, and maintaining "public confidence in the justice system" (Correctional Services Program 2017: 4).

gender breakdown of remand mirrors the provincial/territorial system as approximately 88% of its total custodial admissions are men (Statistics Canada. 2022d). These figures indicate that thousands of men are annually being released from provincial carceral facilities across Canada and Nova Scotia.

What is concerning, along with the numbers of men involved in prison, is the number that find themselves going back, often repeatedly. The release period is a critical one to provide wrap around supports that can address needs and gaps. Federal data from Correctional Services of Canada (CSC) prisoner profile estimates that out of every 10 male offenders, 9 of them have a prior conviction (Donato 2023). This report will highlight what is not working and what is needed to possibly change such outcomes.

Related inequities and disparities:

Existing literature, former research, anecdotal information, and the current study all highlight the strong interrelationship between substance use and incarceration. An Ontario Study conducted by the John Howard Society (2015: 11-12) found that more than 40 per cent of prisoners reported experiencing mental health issues, while 70 per cent of reentrants on bail conditions indicated they had problems with substance use. According to the Centre for Addiction and Mental Health (CAMH) the “isolation of prison can exacerbate these struggles.”

Nova Scotia has high rates of substance use as approximately 12,000 people are considered opioid-dependent (Kirkland, Ploem, and Patten 2017). Between 2011 and 2015, Nova Scotia averaged 60 overdose deaths a year (Nova Scotia Department of Health and Wellness 2017). There is a connection between the provinces’ deindustrialized, perilous economy and high rates of substance use (Kirkland, Ploem, and Patten 2017) that often reveal accounts of chronic pain, struggle, hopelessness, and poverty.

There are myriad social problems in Nova Scotia contributing to substance use. For instance, the province, at 9.8 percent, is above the national average, and tied with British Columbia for the highest poverty rate in the country (Nova Scotia Department of Finance and Treasury Board 2022). The provincial child poverty rate has been stagnant for 30 years as it moved from 24.4 percent in 1989 to 24.3 percent in 2019. Currently, 1 in 4 Nova Scotia children are living in poverty (Frank, Fisher, and Saulnier 2021: 5). Child poverty in Cape Breton, however, is higher than the provincial average: 33.5 percent, and 1 in 3 children are living below the census family low-income measure after-tax (CFLIM-AT) (Frank, Fisher, and Saulnier 2021: 18). Likewise, unemployment in Nova Scotia tends to be slightly higher than the national rate, while Cape Breton often runs between two to three times the Canadian rate (Statistics Canada 2021a). Additionally, Nova Scotia has a significant homelessness problem. In the capital of Halifax, over 700 people were actively homeless in December 2022 (Affordable Housing Association of Nova Scotia 2023). Meanwhile, in the eastern part of the province, 419 people were considered homeless in November 2021 (Affordable Housing and Homelessness Working Group 2022: 4).

Compared to the province as a whole, Cape Breton appears to have a disproportionate number of injection drug users per capita. While it is difficult to quantify substance use in a geographic

area, there are other quantifiable indicators of substance use, such as the number of clean needles distributed in a region. In Nova Scotia's Eastern Health Zone, which includes Cape Breton, approximately 176,609 needles are distributed quarterly, while the provinces Central and Western Health Zones distribute roughly 373,130 needles in each quarter (Nova Scotia Health 2022). It appears that the Eastern Health Zone, with Sydney as its most populated area, has more pervasive drug use than the Central and Western Health Zones, represented by Halifax, the provinces only census metropolitan area. The Eastern Health Zone has a population of approximately 158,936, while the combined population of the Central and Western Health Zones is 618,413 (Statistics Canada 2016a; 2016b; 2016c).⁴ Therefore, the Central and Western Health Zones contain almost four times the population of the Eastern Health Zone, yet the Eastern Health Zone is distributing just under half the number of needles that are dispensed in Central and Western Zones.

Due to this demonstrated need, the Ally Centre of Cape Breton, in December 2021, was chosen as one of only two sites in NS for overdose prevention. The Nova Scotia government, acknowledging the need for overdose prevention, claims that the Eastern Health Zone has the highest rate of deaths from drugs in the province: 15.4 per 100,000, while the national rate is lower at 8.4 (Ayers 2021).

According to the Canadian Centre on Substance Abuse, provincial/territorial correctional systems have limited substance use related data, but it is known that about 51% of prisoners housed in correctional institutions have an alcohol problem (Canadian Centre on Substance Abuse 2004: 1-2) Moreover, a recent study on substance use patterns of men incarcerated in the federal prison system—34,202 men assessed over 13 years—indicates an increase in reported substance use among those entering federal corrections from 73 percent in 2006/07 to 78 percent in 2018/19 (Correctional Service Canada 2022a). This study also highlights the increase in federal inmates with a history of lifetime drug use by region, and this increase was most prevalent in Atlantic Canada where there was a 23 percent increase from 60 to 83 percent (Correctional Service Canada 2022b). According to Correctional Service Canada, substance use, especially alcohol, is associated with roughly 40 percent of federal offences—this figure represents crimes that would not have occurred if substance use was not present and excludes crimes where substance use is directly attributable to the infraction such as DUI or drug possession/trafficking (Correctional Service Canada 2021).

In Cape Breton, the assertion that substance use is associated with crime is normalized in public discourse: the previous Police Chief claimed to have once reviewed 100 calls to police and 70 were related to using alcohol (Auld 2016), and he publicly stated that “just about every crime that happens in this community [can be] trace[d] back to a root cause involving drugs” (Mortimer 2017). These statements, along with a high prevalence of substance use amongst the incarcerated, indicate an over representation of people who use substances in prison, and that their criminalization is naturalized within criminal justice.

⁴ As Nova Scotia health zone population statistics have not been collected since 2016, the health zone figures in this report represent the 2016 census.

Additionally, there is racial overrepresentation in Canadian correctional systems. Black adults make up approximately 2.4% of the adult population in Nova Scotia but account for 10 percent of admissions to sentenced custody and 11 percent of remand admissions (Nova Scotia Premier's Office 2021). Similarly, Indigenous adults account for 33 percent of admissions to federal custody and 31 percent of admissions to provincial/territorial custody, while representing approximately 5% of the Canadian adult population (Statistics Canada 2022b). In Nova Scotia, Indigenous people make up 5.5 percent of the population (Statistics Canada 2021b), yet they represent 11 percent of adults incarcerated (Statistics Canada 2023a). Also, the carceral system can be seen as a place to house people who have fallen through growing holes in the social safety net. Those with developmental disabilities are also overrepresented in prison as Whittingham, et al. (2020), in a retrospective cohort study of administrative healthcare and provincial corrections data in Ontario, reported that the prevalence of developmental disabilities was 2.2% in the prison group, but 0.7% in the general population.

The impacts of incarceration go beyond the individuals institutionalized to impact families and future generations leading to costs across child welfare, education, and health systems. Research has highlighted that families impacted by parental incarceration face many challenges ranging from mental health impacts from separation, stigmatization, disruption in the home environment, and loss of family income (Arditti, Lambert-Shute, & Joest 2003; Hardy 2018). Challenges like these can lead to poor outcomes for children such as mental health difficulties and low school achievement (Parke & Clarke-Stewart, 2001). Also, incarcerated men appear less likely than incarcerated women to maintain contact with their children (Hairston, Rollin, & Jo, 2004).

For those readers concerned with monetary outcomes, both prison operation and incarceration are costly. The total cross-government (federal, provincial, and municipal) public spending on criminal justice in Canada per year is about \$20 billion. This total amounts to about \$550 in taxes per person in Canada per year (Parliamentary Budget Officer). About \$5 billion is for jails and prisons, of which about 55% is provincial and 45% federal. The rest is for courts and police. Nova Scotia's total expenditures for corrections in 2020-2021 was \$78 million (Office of the Auditor General of Nova Scotia 2022). The annual average cost of incarcerating a male, in 2018-19, was \$116,294 (Public Safety Canada 2022a: 34). In Nova Scotia, the average daily inmate cost was \$282 for 2018-19, but had risen—likely due to the Covid-19 pandemic—to \$323 in 2019-20 and \$455 in 2020-21 (Statistics Canada 2022e). When considering reentry costs, The John Howard Society (2018) indicates that the yearly public cost for a reentrant who goes unsheltered is almost \$400,000.

Purpose/Impetus:

The purpose of the study is summarized well by a working group member:

We started this work to identify the reasons why people are falling through our social and economic supports, and there is a broad acknowledgement that landing in jail, is not a failure of an individual, rather it's a system issue, with the failure coming from our social and economic systems. Hopefully identifying these problems, from *first voice*, will resonate with the community. And hopefully, identifying needless suffering in our community, will help us move-forward, to a system where every person has the resources to meet their needs.

In August 2016 when a local homelessness study was underway in the Cape Breton Regional Municipality (CBRM), a small team of community practitioners could not ignore the connections between corrections and being unhoused or housing insecure. The team and Cape Breton Correctional Facility (CBCF) invited other community stakeholders to the table, connecting with local researcher and evaluator Dr. Margaret Dechman (Sociology Department, Cape Breton University). Planning meetings were held in 2017 and the formalized research project began in 2018 (interview tool creation, ethics applications, networking with data collection sites). Margaret's untimely passing and Covid restrictions created a gap in the project completion that will aim to be rectified through this report and a reconnection with the working group and community stakeholders to explore recommendations.

Overall, the goal of this report is to investigate the reentry experience in Cape Breton through personal interviews with incarcerated and formerly incarcerated men to help inform the knowledge and actions of a previously established working group of service providers and the wider community. Local service providers include the Cape Breton Correctional Facility (CBCF), Ally Centre of Cape Breton, Department of Community Services, Cape Breton Community Housing Association, Mental Health & Addictions, Public Health, Opioid Recovery Program, Family Place Resource Centre, NS Works Employment Services, Community Corrections/Probation Services, and Cornerstone. Research findings will be shared to help foster service provider collaboration to address the needs of reentrants, with the ultimate goals of improving reintegration and health and wellness outcomes and reducing recidivism.

We encourage stakeholder working groups to shift the focal point of collaboration from traditional policy views on reentry and recidivism, which aim to modify the behavior of those who frequently interact with the carceral system (individuals), to reforming criminal justice institutions that contribute to repeated carceral involvement (systems) (Western and Harding 2022). This suggestion may be difficult to accept as the philosophy of the Canadian prison system is underpinned by the idea that rehabilitation can be cognitively constructed in the incarcerated. Scientific approaches such as the Risk-Need-Responsivity Model deploy psychological assessment and treatment to modify attitude and behavior, which theoretically reorients reentrants as "prosocial," reduces their potential for recidivism, and assists reentry (Public Safety Canada 2022b). Collaborating agencies should remember that dominant accounts

of reentry largely fail to recognize the responsibility that government, policy makers, and criminal justice agents have in the post-release environment. Rather, reentrants are often held solely responsible for traversing the post-release environment and behaving in a manner that will enable reintegration (Balfour, Hannah-Moffat, and Turnbull 2018: 8).

This report, informed by first-voice accounts of incarceration and reentry, aims to redefine expertise by making research participants the focal point of service delivery. While incarceration expertise is largely produced by government, state, criminal justice agents, academia, media, think tanks, NGO's, etc., this report attempts to foreground the experiences, opinions, and recommendations of those who have been incarcerated. Therefore, this report will heavily rely on research participants and feature their direct quotes as frequently as possible. This practice, theoretically, allows those with first-hand knowledge of reentry to have input on altering programs or crafting new services that could assist in reintegration, reduce recidivism, and increase health and wellness. Moreover, shifting expertise from dominant to marginal narratives will challenge traditional attitudes and beliefs regarding those who have been incarcerated. It may also help change attitudes and beliefs about crime, incarceration, and the incarcerated.

Processes:

Research data was collected in the summer of 2018. 107 men participated, with 73 interviewed in the CBCF. At the time this was approximately 82 percent of the facilities population and a strong representative sample. Additionally, 34 men who were previously incarcerated were interviewed at the Ally Centre of Cape Breton. Participants at both sites were interviewed individually in private offices. The interview protocol consisted of 32 questions. Interviews were mainly qualitative and open ended in nature. Additionally, several quantitative questions (interval scale questions) were used to allow participants to rate a service or quantify an experience on scale of 1-10. In total, there were 64 hours of interview data, and the average interview length was 40 minutes. Interviews could have taken only 10 minutes if someone quickly answered all questions, demonstrating the amount of detail most men wanted to share during this process. Informed consent was obtained orally as participants are members of a marginalized group who have possibly been involved in illicit activities. Participant confidentiality was maintained by storing interviews on a password protected device or OneDrive, and numbering, instead of naming participants for identification. An honorarium of \$20.00 was provided to each respondent as a thank you for their contribution to the research. This is an important and humanizing consideration in research with marginalized groups (Feige & Choubak. 2019: 26).

After interview transcription, Atlas.ti was utilized to support qualitative data organization into themes and for subsequent analysis. Likewise, Microsoft Excel was used to arrange and examine quantitative data.

Additionally, after interview transcription, theming, and analysis was complete, a focus group was held with five formerly incarcerated men at the Ally Centre of Cape Breton in December 2022. As four years had passed since this project was initially conceived, the researcher wanted to ask these men if preliminary report results remained accurate to the current correctional and

reentry environment. Moreover, there was an interest in possible changes to Nova Scotia carceral environments and practices that had taken place over the past two-years of Covid-19 restrictions. It should be noted that as these results are over 4 years old, there may have been some changes to local programs (e.g. operations, staffing, initiatives, client criteria) that have not been accounted for. It also should be noted that the men we spoke to in the CBCF often referred to a variety of incarceration experiences ranging from juvenile detention to provincial corrections, to federal level institutions – some in Nova Scotia and some outside of this province. Therefore, each experience cannot be tied directly to the CBCF, but rather an array of institutions.

The remainder of the report is broken down into sections by theme area, followed by a 2022 update and recommendations to conclude. These themes arose from the men’s accounts, experiences, and suggestions for action. They are as follows:

- Growing Up (Trauma, Family Views, Feelings of Safety, Leaving School)
- Life Experiences and the Incarceration Cycle (Substance Dependency, Mental Health, Poverty)
- Barriers and Daily Challenges (Income Assistance, Employment, Housing, Health Care, Transportation, Role of Rules, Stigma)
- Once Back on the Street (Adjusting to Life on the Outside, Putting on a Front: Our Guard is Up, Probation and its Implications)
- What Helps (Methadone/Suboxone, Helpful Services, Support and Relationships, Men’s Ideas for Solutions)

Growing Up:

This section focuses on participant experiences growing up. Firstly, the role of childhood trauma in the lives of these men is examined. Trauma stemming from childhood experiences are shown to be related to substance use and incarceration.

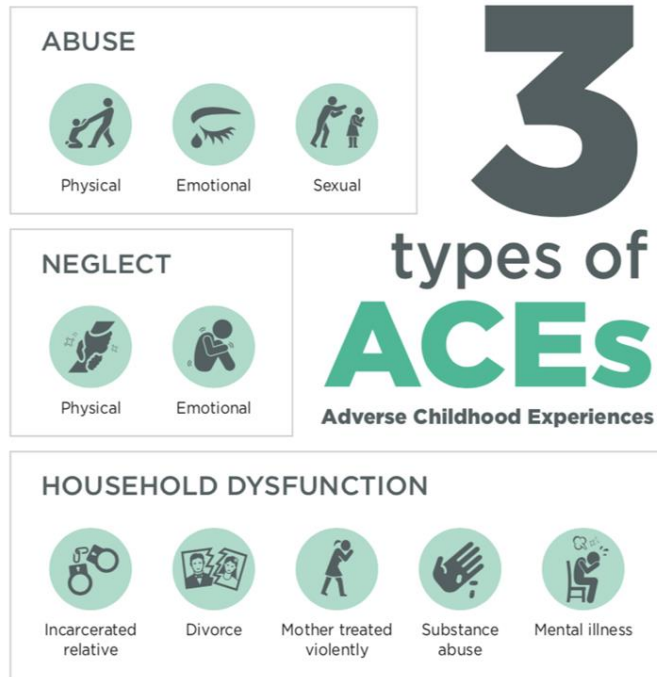
Secondly, to better understand the upbringing of respondents, their perceptions of their parent’s views regarding state institutions (policing, education, health, etc.) is examined. This revealed that parents often had little trust in these institutions and preferred their children to privately deal with problems internally.

Thirdly, respondent perceptions of childhood safety in three different environments—home, neighborhood, and school—is gauged to further understand childhood experience. Examining participant feelings of childhood safety revealed that they often did not feel safe in their own homes, neighborhoods, and schools.

Lastly, participant experience with leaving school is analyzed. Respondents had difficulties with school and would drop out. They revealed several struggles that greatly impeded their education and caused them to eventually leave school.

The experiences of those interviewed align with what is known as ACES or adverse childhood experiences in child development research. Basically, the more ACES a child has the more at risk they are for a host of physical, relational, behavioral, and psychological risks and conditions throughout the lifespan (Centers for Disease Control and Prevention 2021).

Types of Childhood Adversity



The Role of Trauma:

Respondents described difficult childhoods that were rife with abuse and traumatic experiences. The family unit, ideally a source of safety and comfort for children, was characterized as a turbulent and violent environment where children and parents were physically abused:

It was terrifying. When I grew up. I've always said, if you wanna know what the face of the devil looks like, just ask me. Cause I've seen it, many times. I'm 4-years-old being abused by a 250lb, 6ft2 man. Something wrong with that. I mean, he never beat me with a belt. It was always backhanders or booted in the corner. ID 52

I did have a hard life growing up as a child. I seen a lot. My dad was an alcoholic, very abusive towards me, my brother, and sister. He near beat me so bad...and my mom jumped in...and he ended up beating her so bad. ID 15

As a result of growing-up in traumatizing home environments, participants disclosed feeling as if they lived abnormal childhoods. Interviewees explained that their childhood experiences were not common to other children they were acquainted with:

Growing up we had to do things to survive. I've been 'in the game'⁵ since I was 8 years old. Some of the shit I had to do when I was a kid was crazy. I never had a childhood. I never had friggin' toys and nice Christmases. I was 8 running around the hood with a strap⁶ and a bag of dope just to feed myself. Kids don't live that life, and not many people do... ID 29

I've been brought up in a different household, right. I've been brought up where you wake up and you come down the stairs for breakfast, to eat cereal, to go to elementary school, and there's people sitting at your table shooting-up coke. There's blood dripping down their legs and arms, and you're eating cereal like that's a normal thing. And out the door you go to school. ID 47

Problematic circumstances in the home can lead to the involvement of Child Welfare, also called the Children's Aid Society (CAS) depending on the location and time-period respondents were referring to. Participants described being removed from their home and being placed into foster care. They explained that Child Welfare, instead of protecting them, unfortunately placed them in further traumatizing situations:

My mother used to whoop me pretty good after [my parents] separated. Children's Aid took me for a bit and stuff. It wasn't safe at all. ID 16

I was put in the Children's Aid at 12. When I was in a foster home, I was abused by the headmaster, and I think I was 13 years old at that time, he threw me in the cupboard. But other than that, they just let me go. I never talked to anybody else. I was pretty much by myself, all alone. ID 52

Although CAS was attempting to protect children by removing them from difficult home environments, the children did not always agree that this was best. One interviewee, removed from his home by CAS, felt that his family, even though abusive, was unjustly "split up," and that he was forced to flee from further abuse in foster homes. This respondent described the connection between foster care trauma, incarceration, and illicit substance use:

Children's Aid—they just go out of their way sometimes, like they have nothing better to do. They destroyed too many homes, man. A lot of people grow up to be the way they are and being incarcerated because of [CAS]. [They] put you in a whole different direction. Take you from one family that's hurting and put you in another where you are probably going to end up getting sexually abused. They think they are doing good but sometimes they mess up, man. [You] gotta move on. Try to block out your past and stuff, but sometimes you just keep thinking [about] certain things that happened to you, and a lot of people try to block that out by getting high instead of talking to someone and getting feedback. ID 15

⁵ 'In the game' is a slang phrase referring to participation in the underground, illicit drug economy.

⁶ Strap is slang for firearm

Beyond breaking-up homes and traumatizing children, CAS was also described as neglecting the input of children. CAS was characterized as unresponsive to the concerns of those within its institutional grip:

Me and my brother were both in foster homes growing up and we were always trying to get a hold of our CAS workers, but they wouldn't really pay attention to us much. That really got us upset, and we were only young, like 10, 11 years old. Just young kids trying to talk to them about our problems and they just weren't paying attention. ID 82

Besides having difficult childhoods and CAS intervention, participants also experienced childhood trauma stemming from grief and loss. In childhood, the men experienced grief from suicide, cancer, overdose death, incarceration, and losing family members. Respondents described situations that lead to grief:

My mom tried to commit suicide so many times. ID 27

We lost a little sister when I was, I can't remember how old. She was only young. It was in the 80's when we lost her. I found her, she died of crib death. She was 5 months old. My mom had a real hard time with that. ID 72

My dad went to prison and left my mother holding me and my fucking sister. ID 47

For interviewees, their trauma from grief, like trauma experienced in the foster care system, had a lasting impact. Participants connected childhood grief to future substance use and incarceration:

My mom died when I was 18. I got my first charge right after she died. I never had a criminal charge or nothing. When she passed away, man, I just gave up on everything...Shit got real pretty quick. Soon as she passed away, I started drinking a lot more. ID 94

She died when I was 17...Basically, I've been in jail since then...Well, I started going to jail when I was like 15. My mom died when I was 17. After that, I had nowhere to go. My dad passed away when I was 10 [from an] overdose. Basically, I've been on my own since then. ID 103

Experiencing trauma in childhood often carries over into adulthood. Likewise, when a person of any age witnesses or experiences a traumatizing event (e.g. sexual abuse), they often experience residual mental anguish. Respondents described how trauma was altering and long lasting:

My past, my life, the life I live, things I've witnessed, things I've seen people do to people. I've seen people murdered and taken out with baseball bats. I think about all these things every day. It's in there and it ain't going away. ID 80

My brother has a life sentence. He is 38. That same year we lost my dad. I found him in the kitchen. My dad had no legs. Diabetes took over after my mom and him separated in 1992. He was putting up a fire in the woods. A branch went through his leg, slowly and

painfully. He seemed lost. They could have done something but didn't. I think about it every day. I try not to think about it, but at nighttime I do. I pray to him and cry. ID 14

I have this case right now in Waterville. I don't want money. I just want justice. To testify against a guard who came into my cell and did stuff to me. What was done to me was wrong. [It] scars you. ID 14

Substance use, both legal and illegal, was described by participants as a method of coping with the arduousness of living with trauma. As mentioned by a respondent above, substances are often utilized by the traumatized to “block out” emotional pain. Interviewees, however, explained and recognized that substances, while temporarily removing the pain of past events, were like a ‘quick fix’ and not a pragmatic, long-term solution to trauma:

When something really hurts and really brings back bad memories, or just hurts my heart, [drugs are] the only thing I can find to just escape. [When] I should've just talked about it to somebody. But when there was nobody to talk to, it was pretty hard then. Your mind goes so fast, and you just don't think twice. Especially when you don't have anyone to talk to. You do what you know to deal with it. ID 6

It's like drinking gets rid of the problem for the moment, but [you] wake up and it's still there. It's ten times worse. ID 27

Respondents described how alleviating trauma with substances was connected to incarceration. Substance use for escapism had the potential to trigger incarceration:

[People] have a hard time growing up and suffer from anxiety and depression and self-medicate. And [then they] drink and mix drugs, get in trouble, and end up [incarcerated]. ID 24

Furthermore, this same participant explained that incarceration itself is a source of trauma and reentry substance use. He noted the interwoven nature of incarceration, trauma, and substance use:

People get out and still abuse drugs. It's a lifestyle from jail; stressed out in here and get out and go back to that lifestyle. People self-medicate to help themselves when stressed out and depressed, not for nothing. ID 24

Incarceration can exacerbate existing trauma, and people often exit carceral facilities after being retraumatized. Prison is not equipped to resolve trauma or substance use, rather, it simply punishes through detention. One man described how he was stuck within a carceral cycle “of coming in and out” of jail, which was not assisting him:

They keep placing [me] in jail. It's not working. It's not the help I need. I have mental health issues and addiction... You are just warehousing people, and they are getting institutionalized and used to that lifestyle... They think they have to remove you from society instead of getting you the help you need. You got guys who grew up in a hard life environment where they didn't feel safe or protected or had the right comfort at home. And parents were always fighting or abusive sexually, emotionally, physically, and then

they are going through that rough patch, and you place them in jail—it's not right, man.
ID 15

This man's depiction of suffering trauma, being removed from society, warehoused, and unassisted by incarceration is reflective of the broader Canadian provincial/territorial prison system. In a recent provincial/territorial criminal justice review, the main concern raised by stakeholders was that "most people who come into contact with the criminal justice system are...marginalized" people who are "struggling with mental health and addiction issues, poverty, homelessness, and prior victimization" (Department of Justice Canada 2018: 4) Furthermore, stakeholders acknowledged that an overreliance on incarceration was exacerbating issues that cause marginalized people to come into contact with corrections (Ibid). Therefore, there is a widespread understanding—by both the incarcerated and corrections staff—that trauma cannot be addressed through the existing provincial/territorial carceral environment, and that the current arrangement intensifies trauma.

What happens in childhood doesn't stay in childhood.

It integrates into:

our nervous systems

our social instincts

our sense of worthiness



Eli Harwood MA LPC



Family Views

Participants described the views of their parents as being distrustful of government. While there were many responses describing positive views towards state institutions, there was a general overtone of distrust. Interviewees characterized an 'old-school,' 'take care of your own' values system that did not rely on external supports or interventions. One respondent summed up this perspective:

Our families are private people. You take care of your own business. That's how I grew up with the family. My mother or father wouldn't call anyone to come to the house; that is taboo. You don't want no one knowing your business. They probably were right, 100 percent right. As I see things now, the more people know about your family, the more trouble they cause you in this society, today. ID 99

When asked about parents trusting health professionals, respondents mainly recalled positive views from parents. This is reflected in the interval scale data as the average rating, out of 10, for family trust of health professionals (with 1 representing did not trust at all and 10 representing

completely trusted) was 7.1—making healthcare the most trusted state institution by parents of participants.

Nonetheless, healthcare was still viewed suspiciously in many participant households. Interviewees explained their families lacked trust in the health system:

*They didn't like the healthcare—they weren't giving them nothing. 2 or 3.*⁷ ID 9

Not that good. 2. They felt they were feeding you drugs. ID 14

My mom liked her doctor, but in general, no, didn't like doctors. So, 5, maybe. ID 98

Beyond lacking trust in healthcare, some participants pointed out that their family avoided health institutions and practiced self-care. These families did not consider utilizing the health system:

Never really went to doctors and nurses. If something happened, we just looked after it. ID 29

A lot of people back then wouldn't go to hospital. Never to a doctor in their life. My grandmother—they finally dragged her to the hospital with pneumonia, and they found a lump and she died—84 years old and first time in hospital. ID 34

Unlike respondent perceptions of parental trust in healthcare, mental healthcare was viewed much more negatively. Mental health issues were viewed by parents as something to be ashamed of and hidden, especially for young boys and men. When asked about parental trust of counsellors, psychologists, or psychiatrists, interviewees expressed unfavorable attitudes:

[My parents] just didn't like [mental health professionals] at all. All garbage. 'You figure out your own problems. You don't need people telling you what your problems are.' They were old fashioned— "what happens in the garden, stays in the garden." ID 27

'What's wrong with you that you need that shit for?' [Mental health care] was a zero. It's bullshit for weak people. Yet, mom and dad were probably some of the people that needed it the most. ID 81

While respondents, overall, revealed that parents viewed mental health professionals positively, interval scale data showed this was by a slim margin. Out of 107 respondents questioned, 42 rated their parent's perceptions of mental healthcare above 5, whereas 37 rated these perceptions at 5 or below, and 28 abstained.

Interviewee perceptions of parental trust in the education system yielded results like the institutions discussed above. Overall, there was a positive interval scale result: the average rating for parents trusting teachers or principles was 6.4. Many participants, however, recalled their parents holding negative feelings toward the school system:

⁷ The numerical values located within qualitative quotes indicate where respondents placed an opinion or service rating on the quantitative interval scale.

My mom used to hate my teachers, seriously. My mom would go in the school yelling at the principle. ID 29

My parents didn't trust the teachers when they'd call. If I was missing or skipping school, they'd blame the teachers. They wouldn't know if I was lying, or they were. [They] thought teachers didn't want me there. ID 70

In addition to distrusting professionals in the education system, respondents indicated that their families did not desire to have ongoing contact with these officials. The men explained that their parents avoided involvement in their education:

My mom would tell me, 'If a teacher calls here or whatever, or wants to see me, tell them I am not that kind of mother.' She just didn't want nothing to do with anybody. ID 98

[My parents] did not have any contact with [the school system] at all. ID 80

Furthermore, one participant indicated that his mother discouraged him from attending school. He noted that his mother held a distrust of education professionals and disagreed with her son consistently “getting in trouble.” When this respondent was entered into the “Steps program” in the 6th grade, he became acquainted with other children who were being frequently reprimanded, and his mother “just didn’t like [him] going to school” any longer.

Police, by a fair margin, were considered by the men to be the state institution their parents placed the least trusted in. The average parental trust rating for police on our quantitative scale was 4.5—the lowest average recorded on the interval scale. Interviewees reported growing up in homes where the police were distrusted:

There was no trusting police, not in my family. ID 99

(Laughs). Didn't trust them at all. ID 15

Respondents connected distrust or contempt for the police, on their parents’ behalf, with actions of family members. They described growing up in criminalized families:

I grew up in a family that's always been in trouble with the law. So, obviously they're not going to put any faith in the justice system or whatever, right. ID 51

My father being a chronic alcoholic, he had 6 brothers and they were all chronic alcoholics too. And they all hung around together...But the cops were always after them because they are making moonshine, getting into trouble, and fighting and stabbing each other. Cops were always around looking for one or two of them. They had no trust [in police] because they did time in jail. They are on the wrong side of the law, so they had a fear of cops. ID 57

Moreover, participants explained that their criminalization contributed to their parent’s distrust of police. Parents disliked the actions of police toward their children:

No, my family never trusted anybody. They don't trust them people. They hate the police, same as I do. They put me in jail all the time. ID 58

There were times where he felt like [the police] were bullying me. 'Why is my son being picked up for doing the same thing as that group? Why is my son being arrested?' My father used to feel like they were picking on me. ID 105

In sum, our respondents grew up in homes that taught them to avoid and be suspicious of external supports and authorities. The strong message for these men as children was “don’t talk, don’t trust and don’t tell.”

Feelings of Safety

When the men were questioned about childhood safety in their home, school, and neighborhood, they often recounted feeling vulnerable in these environments. One participant noted this feeling in general, disconnected from any specific environment:

I never felt safe a lot of my life. I never really felt that I ever had many people in my corner. ID 81

Most respondents, however, felt their safety was compromised in specific spaces such as their own home. Childhood homes, as described in the role of trauma section above, were often traumatizing environments of abuse, and this was reflected in participant feelings of home safety:

From the time I was like 3 to 12, it was like a 2 (on scale of 1-10). I wasn't really feeling safe, and from say 15 to now, I was fine cause I was on my own doing my own thing. My dad was really abusive and shit growing up...He used to beat me and my mom...whatever... ID 29

Not [around] my dad, he used to beat the shit out of me for the longest time when I was small. Pretty much till I was old enough to smack him back. ID 81

While participants often did not feel safe at home, they similarly felt their safety was threatened in local neighborhoods. There was a geographic component to neighborhood safety:

I lived in a really bad neighborhood. It was in the Dartmouth area. ID 44

All depended on what was going on. I don't know what the neighborhoods are like down here [in Cape Breton], but they're different up in Halifax. Like, a 4. ID 43

All my friends were there. Growing up here in Cape Breton is pretty safe. ID 100

Although there was a marked difference in descriptions of growing up in larger cities like Halifax/Dartmouth—where gun violence was depicted as a regular occurrence—and growing up in small-town Cape Breton, local respondents still reported feeling unsafe in their neighborhood. Neighborhood conflict and violence was also a reality for Cape Breton men:

[I didn't] even [feel safe] in my neighborhood. Bullies lived 10 houses up. My family didn't want to move. My family would say, 'if you can't beat them, pick up a stick and beat them.' I was not a fighter. I took the beatings... ID 67

Probably like a 2 (scale of 1-10). But when I was with my cousin, it was like 11 because he would beat people up. ID 92

Bullying and violence went beyond the neighborhood and extended into the school life of respondents. Interviewees described facing arduous situations of violence at school:

In school, I was bullied a lot. There were lots of bullies, but [back] then we didn't know it was bullying. There were times you had to fight your way to school and home from school. Like we were poor, and they made fun of you for everything. ID 39

I didn't feel safe [at school] cause I was being beat up and picked on. Somebody always bullying me. Never [safe]. 1. ID 79

Ultimately, the men faced violence at home, in their neighborhoods, and at school. They did not feel safe and secure in these spaces. The lack of safety in all these spaces likely contributed to further victimization and traumatization.

“Once you provide safety and security for people, they can make a choice,’
And without that, they really can't because they're just so consumed with
dealing with that stress every day.” (Conners 2020)

“I see no reason to believe that if I was born with the same brain as that
person, if I lived their life, I would think and act the same way they do,” she
said. “Why would anybody think they're better than somebody else?” (King,
2020)

-Dr. Margaret Dechman

Leaving School

Most respondents did not complete their P-12 education, and they often left school at a young age. The average grade completed by participants was 10. Notably, 3 respondents left school in elementary—grade 2, 3, and 5—and 13 others dropped out between grade 6 and 8. Out of 107 participants, only 24 graduated high school.

There were a variety of reasons why interviewees left school and did not graduate. The main reasons reported for dropping out of school include seeking employment, ADHD, illiteracy, mental health issues, substance use, and bullying.

Several men described leaving school to pursue employment. While some respondents reported leaving school as a pragmatic decision to increase income, others connected the decision with a need to assist family through difficult situations:

I dropped out when I was 16. [In] 9th grade. [I] left to help family out—went to work. Went to Whitehorse, Yukon, and came back when I was 21. I kept sending money home to family. ID 38

I left school in grade 8 to go to work because my father was sick at the time and there were 6 kids. [I was the oldest,] so I went to work. ID 39

[There] wasn't a whole lot of money [in my family]. What they were teaching in school ain't mean shit to me. I was out changing motors at age 14. ID 9

Interviewees explained that ADHD and the inability to focus were a major impediment to their success in school. They acknowledged being frustrated by school because they could not keep up with the rigidity of school expectations and were uncomfortable asking for help:

When I was going to school, I was always getting in trouble. I got kicked out because of my ADHD and I was always hyper, and my teachers weren't great to me. I completed grade 9. I found the work really hard to do. My mind was always racing. I didn't like asking for help because I felt silly asking—like, I should know the stuff. ID 12

I'm trying to read the work but the words, it's not processing because there's other things going on in my head. And then the teacher's like, 'you're not paying attention.' 'No, I'm paying attention, but my fucking ADHD is going so crazy that I can't really comprehend what you're saying.' Like they'll be explaining something [for] a half hour, and then I'd realize I never really understood anything they said cause in my mind, I'm thinking of other shit. School stressed me out a lot, man...I was one of the types of kids that didn't really like asking for help because it made me feel like, you know, I should be able to get this. No one else is asking for help. I don't want to look like the stupid kid and ask for help, you know what I mean? So, I just started skipping class and smoking weed...And then as I got older, and got more control over what I did, I just stopped going period. ID 59

Like ADHD, respondents expressed struggling with illiteracy as a reason for ceasing school. They explained that the school system was not proactively responding to their illiteracy. One interviewee had the following exchange with a member of the research team:

ID 68: *Technically I have grade nine, but I shouldn't have grade six.*

Interviewer: But what?

ID 68: *I shouldn't have passed grade six, I can't read.*

Interviewer: But you have grade nine.

ID 68: *They kept pushing me through. They couldn't deal with me.*

Interviewer: I've heard that before. So, are you comfortable with school?

ID 68: *(Laughs) So comfortable I never went.*

Interviewer: So, when you look back now, what do you think was the reason you left school?

ID 68: *I get frustrated. The teacher be like, 'here, read this for the class, or read this for the test.' I'm like, 'I can't read, why are you giving me this?' They're like, 'okay, it's*

okay.' I literally in grade 8 had more days suspended than in school when they passed me.

Another man noted similar experiences in school. He also felt he was inappropriately passed into higher grades:

I didn't like [school]. Couldn't really read and they kept pushing me ahead. I went to grade 10 but never finished it. [I completed] grade 9. Basically, I shouldn't have been in Grade 10; I couldn't read. ID 103

Furthermore, another participant believed that the school system simply viewed him and his learning difficulties as an inconvenience. He experienced being labelled, and he expressed feeling rejection from school:

[School] was hard. I was a 'slow and difficult kid'—that's what they told me. They had no patience for me. I wish I had an education, but I don't. I wish I could find someone to sit down and tutor me. I can't even read and write. I left in grade 2. I was a problem kid for them. I stayed home all the time. Helped my dad in the woods. Learned how to work on machines. ID 14

Similarly, mental health issues were highlighted by respondents as impeding their completion of school. Interviewees explained that these mental issues would eventually cause them to drop out:

I completed grade 9. Got a little bit of grade 10 and one course in grade 11. A lot of [my absenteeism] was just anxiety [related]. I had bad social anxiety, and in school all the commotion. To sit there in class all day, it was impossible for me to do. Not at all comfortable. I'd never go. I'd go to the gym or go hunting—anything but school. ID 19

[The] main reason [I quit school]: [I was] suicidal [from being told I was] not trying hard enough. It'd take me a month to read a book, to grasp the information that was in the book. So, when I went back to school I could tell the teacher about the book, that I had a good grasp on it. They'd turn around and say I wasn't trying hard enough. [It was] because I had a learning disability. ID 53

Substance use was also a common reason reported for quitting school. Respondents pointed out that their education was compromised by using substances. An enthusiasm for partying or substance dependency was characterized as outweighing interest in school:

I got along with people and had a lot of friends. I wasn't focused enough like I should have been. [I dropped out in] grade 11 [because of] partying, drinking, drugs—that lifestyle. ID 24

No, I didn't hate [school]. When I look back, I should have stayed in. I got my GED, but I should have really stuck with the high school. Drugs, girls, and running around partying [caused me to stop going]. ID 84

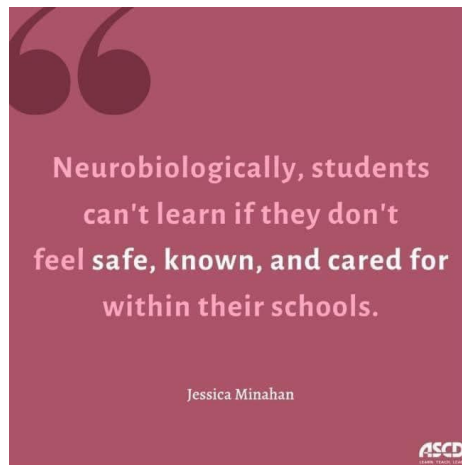
I was a bad 'coke head' through junior high and high school. I didn't care what was going on. I just smoked my weed and snorted coke and would just go to class and be

like...I'd wake up with the teacher over me saying your class is gone. It'd be like 2 in the afternoon. I'd close my book and put it back in the thing, and she would say, 'did you get anything done today?' And I'd be like, 'naw, I wrote down like two or three words.' ID 29

Bullying was another reason why participants would leave school. As mentioned above, bullying was prevalent for respondents and made school unsafe. However, while children were bullying each other, participants also believed they were treated poorly by teachers:

Teachers were abusive when I was a kid, and the students were no better. The schools all lied— 'Oh there won't be any bullying'—that's B.S., it was all about bullying. Kids didn't get what they wanted, they bullied other kids. I got grade 8. That was my last grade. ID 67

Hated school. I didn't learn right. School was different. Teachers just didn't give a care. They put you in the classroom but if you asked a question...not a good experience. Bullying. A lot of that going on. I got beat up a lot. Everyday going home from school, chasing me down the road. ID 82



For respondents, the education system, instead of assisting them in advancing their life, was a source of hardship, shame, and disappointment. This suggests that the school system is failing to meaningfully intervene in the lives of marginalized children. It is concerning that so few participants graduated, and that so many had arduous experiences within the education system.

Life Experiences and the Incarceration Cycle:

This section documents common life experiences—substance dependency, mental health issues, and poverty—that contributed to the incarceration cycle.⁸ When marginalized people become trapped in the incarceration cycle, they are often unable to dislodge from its clutch. The incarceration cycle was evidenced in this report by the fact that 79 percent of the research sample reported being incarcerated more than once. This astonishingly high recidivism rate shows that over three quarters of research participants experienced the incarceration cycle. Those frequently returning to prison not only commonly experience substance dependency, mental health issues, and poverty, but they also lack the support to overcome these issues.

Substance Dependency:

Participants reported that substance dependency was a commonality amongst those who are incarcerated. There was a belief that most people imprisoned are dependent on substances:

Addiction is a big problem for a lot of people. Whole jail pretty much [struggles with addiction]. Probably 90 percent [have addiction issues], I swear to God. ID 23

The assertion that 90 percent of the Cape Breton Correctional Facility population struggles with substance dependency may not be an exaggeration. Interviewees were asked if they felt they ever had problems with drugs or alcohol, and 83 percent of respondents claimed to have struggled with drugs or alcohol. When data was isolated for respondents incarcerated in the CBCF at the time of data collection (82 percent of the institutions population participated), 75 percent of men disclosed an issue with drugs or alcohol. While these figures do not accurately represent the percentage of those experiencing substance dependency in the CBCF, they certainly indicate the above-mentioned interwoven nature between substance use and imprisonment. As in the role of trauma section, substance use, and dependency were characterized as directly or indirectly triggering incarceration:

Addiction is a big part of ending up [in jail] ...If you're stressed out and depressed, you get [released], and you're going to self-medicate right away. That's what happens to most people—[it's an] ongoing thing. In [jail] it's always the same guys back and forth, breaching from drinking or using drugs. ID 24

I used to be on hydromorphone. That's why I am on methadone now and thank God or I'd be dead long ago. I was always in jail for shoplifting. I had to get my fix someway. ID 70

A lot of people in [jail] for thefts [from] trying to support their habits. ID 8

⁸ Incarceration cycle refers to shifting people from incarceration to the community (social welfare state), and then returning them to prison to repeat the process (Plough 2020: 106).

Some of the homeless guys that come [to jail]—they are bad alcoholics, older guys, they are harmless. [Corrections doesn't] even try to help them out. They just let them go and they are back on the street drinking and then [they are reincarcerated]. ID 15

The men felt that substance use dependency could often trigger reincarceration because of the illegality of drugs, or if the behavior is legal, such as drinking alcohol, it is often prohibited for reentrants through release conditions (e.g., on Probation orders). Furthermore, there was a sense that recidivism often occurred because post-release substance dependency was unaffordable, and therefore required theft to sustain. The disruption of drug dependency was characterized as potentially reducing recidivism:

Most times when I get out [of jail], if I'm not on methadone or suboxone, I'm going to be committing a crime as soon as I get out. First day or second day. Not like anybody's going to say here's \$300. I've got to go steal it. ID 58

I know a man that was on methadone for four years...and he had gotten out of prison. He went on methadone, and he never got in trouble in the four years that I've known him. For him, methadone was one of the components needed to stay out [of jail]. ID 57

Additionally, substance use was described as contributing to negative decision making. These bad decisions were thought to provoke reincarceration:

Every time I do drugs, I do something stupid. This time I cut my ankle [monitoring] bracelet off. Drugs clouded my mind and stuff and made me make those decisions. So, I'm going to try to stay away from [drugs] so I don't end up back here [in jail]. ID 12

From the last time being in jail with a serious charge, I almost took a 16-year-old kid's life and didn't mean to—drugs and alcohol and spiraling out of control. I shot him and he almost died. ID 8

While substance use and blurred judgement were said to enable incarceration, there was also a notion that incarceration was desirable for people who use substances because it could disrupt use and improve health. In this scenario, jail becomes a quasi-detox:

I put myself [in jail] purposely sometimes because I know I'm going to do something stupid and end up dead. Even this time, I put myself here. I've been on the run, meaning in active addiction for the past year. I came in 35 days ago and put 30 pounds on. ID 104

This response concerningly suggests that carceral intervention has become a more attractive and accessible intervention for marginalized people than available dependency-based services in the community. Also, rapid weight gain suggests that jail, by providing three meals a day, is, again, a more desirable social intervention for hunger, poverty, and substance dependency than what exists across the social welfare state. The same respondent explained an association between his recidivism and the availability of community drug detox programs:

Detoxes were my savior at [one] point. [I experienced] some pretty high lows and [would] check myself into detox instead of doing something stupid. Now they don't have

an opioid withdrawal program for the past 3 or 4 years. Now I've been coming here [to jail] a lot more. ID 104

With a lack of dependency-based services, reentrants who use drugs may turn to the carceral system for temporary, indirect assistance with pausing or reducing their substance use. The practice of purposeful incarceration for substance dependency assistance reflects a community void of appropriate and meaningful interventions for marginalized people who struggle with substance dependency.

Furthermore, there was a feeling that available substance dependency services in the community were not tailored to meet the needs of reentrants who use substances. For instance, dependency-based services are often highly bureaucratized, and service users were often unable to access timely help:

I would go to [detox], and they would say, 'can you come back in three days?' An addict ain't gonna come back in three days. I don't have three days that I could wait. But they don't have an emergency part where they can just take you in right away. So, it's always hurry up and wait. Kind of deters you from even wanting to go there anymore. ID 51

Similarly, at the time of this data collection, bureaucratic wait times to access Opioid Recovery were associated with being incarcerated. There was a relation between disrupting substance use with opioid agonist therapy and avoiding incarceration, or failing to access the program and returning to jail:

It takes really long to get on methadone. I was on the waitlist a year, and then I ended up in jail. I was in jail 6 months. [Methadone] could have saved me a trip to jail, had I gotten it. A couple of times that happened. In the beginning, when you got [to jail], you were bumped back on the list. I had to get back [home] and use again, and then I would end up in [jail] before I'd even get it. ID 64

Bureaucratic delays were a barrier for accessing a service characterized as possibly preventing reincarceration. As the respondent above noted, there should be quicker, possibly emergency, access to substance dependency services because when they are delayed, the person pursuing them is deterred, and may end up vulnerable to reincarceration, or, like other participants in this study, seek indirect assistance through purposeful incarceration.

Mental Health Issues:

Respondents described dealing with a variety of mental health issues: anxiety and panic attacks, ADHD, bipolar disorder, depression, paranoid schizophrenia, and PTSD. They characterized that it was beneficial to speak with counsellors, psychiatrists, or social workers. This support, however, was often out of reach for participants because of long wait times for access:

I had a lot of problems in the past, and the person I deal with through Mental Health is really good. He's excellent. Easy to talk to. Took me a year and a half to 2 years to even get into see him. I know Nova Scotia has the least doctors. [It's] hard to get in. ID 21

I lost trust in [mental health care]. It's hard, man...I am finding it hard to see a psychiatrist in Cape Breton right now. There is no mental health support at all ID 95

Like dependency-based services, mental health care was difficult to access and wait times were the norm. Respondents explained that they needed prompt access to mental health supports as delayed access was detrimental:

I went to the hospital to get mental help. I went to talk to a lady there, and she said the wait time is 6 months to a year. That's not very helpful at all. That's far from helpful—counterproductive. This was mental health crisis I was talking to. Not very 'crisis worthy.' At that point it might be too late... 'Oh wait, you can come back in a year from now'—makes you feel like there is actually nobody. [Telephone]helplines are only temporary—then what? They are just meant to calm you down, but you are still 'sitting in the same boat.' ID 25

I don't need you on Monday. I need you now. That was my big thing, wait times, trying to get into things, trying to get there. ID 107

Similarly, respondents reported that mental health care in jail was difficult to access. Accessing a psychiatrist at the CBCF was no easy task:

I only talked to [the correctional psychiatrist] for like 15 minutes cause there's so many people. He tries to get people in and out, so you don't have time to talk to him very long. He comes once a month too. So, I mean that's not very helpful for anybody. I don't think it is. That's even if you get to see him. So, I mean, I might not see him for 6 months and that's no good to me...So, what's the point? I just don't bother with it, right? That's a problem for me, I think. ID 50

While mental health care was arduous to access in and out of jail, participants who were able to access care reported difficult experiences interacting with mental health support workers. Discussing difficult past experiences was considered retraumatizing:

[Psychiatrists would] get me out of my cell and talk to me. But I find some of them poke to go back to times when I was troubled in the past. Just makes me relive that memory and I'm trying to forget it. It deteriorates my progress. ID 90

Respondents also reported that accessing mental health care was not what they expected. There was a sense that simply prescribing medication was not a desirable outcome:

They just tried to give me medicine, a mood stabilizer. It was garbage, my mother flushed it down the toilet. And then, when I lived on my own, I went back to see if I could get actual help. They tried to do the same thing, but with different pills, so I flushed them. I was like, 'you are just trying to control me, and there is not an actual issue there. I don't want that help. I can talk to my lady and get that kind of help. She'd be a better counsellor. If I wanted medication, I could go see my family.' ID 67

Also, respondents described mental health care as inadequate for dealing with complex issues. Psychiatrists were viewed as not getting to the root of problems:

In the 11 months that I went [to a psychiatrist] that's all we talked about—alcoholism and the need to quit, but never going into the reasons why I drank, the trauma I went through in my life, the abuse I went through in my life—nothing to see if that might be a problem...He would go over what would happen if I kept drinking, but never got at the underlying issues of why I drink. I was never asked that question. So, when he didn't want to explore anything else, I walked away thinking I didn't accomplish anything other than the fact that I already know I drank too much. I didn't need a psychiatrist to tell me that. I needed a psychiatrist for other reasons—to figure out what I couldn't figure out for myself. ID 38

Participants often had traumatizing childhoods, and while some men preferred to conceal these issues, others desired a professional who would help them deal with the roots of a traumatic past. The traumatic past and present of formerly incarcerated men, however, can contain social complexities that a psychiatrist may have trouble assisting with:

[My psychiatrist] told me she couldn't work with me no more because she didn't know how to deal with me. People can't understand because when they hear my life, they can't compare themselves to it. The way I look at it is that therapists are based out of books. They are there to tell you what the book says. When you speak some real shit to them, they get spooked because they are like, 'oh, I don't know how to deal with this.'... They are not in our shoes. They don't see shootings on a daily basis. I lost 12 of my best friends in the last two years to drive-by shootings between here and Toronto. It's crazy. And when you start explaining stuff like that, it scares them, and they just give up on you. ID 29

Like many services across the social welfare state, respondents felt that mental health care failed to assist people because professionals often relied on education and training while having little comprehension of the social realities of formerly incarcerated, marginalized people. Some reported reactions of shock from therapists when they shared life experiences. This approach to mental health intervention was alienating for participants:

I don't really want to get into a lot of deep and serious stuff about myself because I don't know how much education you have and I've had experiences and you don't have any, but you're coming across to me like you know everything. I'm very cautious, I guess. Something has to be done to break that barrier. There is a wall between places that want to help, programs, and people that are coming to them. The onus is on the program to make me feel comfortable so that I want to share, so that I want to participate. If I don't feel that way, I'm gonna back off or sit there not participating. ID 38

For respondents, mental health care was not a comfortable environment that allowed them to be candid and honest. Rather, mental health care was limited for participants because they felt the need to self-censor. Also, they struggled to connect with professionals who they felt lacked first-hand experience, too heavily relied on abstract knowledge, and, therefore, could not offer them meaningful assistance. These assertions suggest that there is a disjuncture in knowledge between mental health professionals and formerly incarcerated service-users.

Ultimately, reentrants dealt with myriad mental health issues, and securing access to care for these issues was often out-of-reach. They felt that available mental health systems could not offer them meaningful assistance. A lack of meaningful mental health support makes the lives of reentrants more difficult and convolutes the path to reintegration.

Poverty:

The men described living in poverty and struggling to survive. Their lives ‘on the street’ were problematized by not having access to resources that would allow for reintegration. They explained that money making options were limited by their criminalized status and a retrenched social welfare state. Their reentry was often marred by the relation between employment exclusion, an inadequate social safety net, and poverty. Participants felt forced to rely on crimes of survival such as theft. These survival tactics, unfortunately, often ended in reincarceration.

Respondents acknowledged that life in Nova Scotia can be quite expensive. They characterized struggling to afford the basics in the province:

You get welfare but you don't get enough to survive on. No jobs here and everything costs so much. Sobeys—that's highway robbery—it's unreal. ID 79

It's just ridiculous, especially in Nova Scotia. I got my shit together recently and I'm doing alright lately, and it's almost impossible to live. How do they expect you to keep a drug habit going and eat? ID 81

Participants highlighted the need for money to alleviate situations of poverty. This tied in with regional geographic poverty as it was recognized that “people around here don't have money.” Money was considered a necessity to secure basic human needs, and interviewees pointed out that lacking money was problematic:

Sometimes you don't have the money to buy food or whatever. ID 85

Money...Medications cost a lot. [They're] too expensive. ID 33

Furthermore, even men who owned a home—an anomaly in this study—experienced money problems. All respondents, even those with a secure living situation were cautious with funds as they often had the bare minimum to maintain survival:

I don't have a phone, I can't afford it...I live alone, and I do have my home paid, thank God, but every cent I got to account for. I just can't go out and spend money because I have to have that money for my lights, water, and taxes...At the end of the day, I don't have enough money to go and buy a quart of milk. ID 99

When considering Nova Scotia socio/economic statistics mentioned earlier in this report, it is no surprise that reentrants struggle with food insecurity, medication costs, telecommunications connection, housing affordability, and other economic concerns. Respondents highlighted a relation between reentry, economic pressures, and recidivism:

A lot of people leaving [jail] are homeless and are stressing out on their last day. They are more stressed leaving than the people here with a bunch of years. They don't know how they are going to get money to eat or where they are going to go. ID 12

The first thing you're gonna need when you get out [of jail] is money. You don't have money, you're not gonna survive. If you can't get money in your hands, you're gonna be committing crimes to get money in your hands...And it has to happen within days. ID 52

The need for economic security compels reentrants, displaced from the labour market, and inadequately supported by the welfare state, into stressful situations where the need to quickly secure necessities may lead to the non-discriminatory underground economy. Distressed reentrants, released to an environment of economic hardship, might turn to this illicit economy for support, or alternatively, like reentrants struggling with substance dependency, they may utilize incarceration for socio/economic support. Participants acknowledged that economic difficulties make incarceration an attractive option:

A lot of people [in the community] are just making it, and others are trying their best to make it. Others go to jail because they can't afford to live on the streets. ID 79

Most guys I know got it better in jail than they do on the street. They're starving out there. They won't eat for days, they're behind on their rent, everything's piling up on them. They're overwhelmed with all [these problems]. But, in [jail] they got nothing to worry about. The meals are brought to them, they have a bed, and a roof over their head. ID 52

It is concerning that reentrant economic situations are so troublesome that they describe more dependable support within carceral facilities than in the community. This suggests a lacking social welfare state that is not providing reentrants with adequate socio/economic supports for reintegration, as well as a thriving criminal justice system equipped with resources to house and feed thousands of people.

Barriers and Daily Challenges:

This section examines the many barriers and daily challenges that reentrants experienced. Barriers and challenges convoluted and compromised reintegration. Challenged by lacking basic needs upon release, reentrants would seek support from the social welfare state where they would experience barriers and be further challenged by the inadequacy of the social safety net. In addition, the men were challenged by the structures of the criminal justice system and their social construction as 'criminal drug users.'

Income Assistance:

The men had difficult experiences accessing, maintaining, and surviving on income assistance. Although they appreciated receiving assistance, they explained that amounts were inadequate

vis-à-vis the cost of living, and therefore, could not enable reintegration. Participants depicted struggling with a bureaucratically demanding system.

While the men had many problems with income assistance, they still expressed a sense of gratitude toward the program for assisting them with essentials such as rent and medications. This was reflected in interval scale data as of the 75 participants who received income assistance, only 18 of them rated the service under 5. Furthermore, the average interval scale rating for income assistance was 5.95.

Respondents unanimously explained that income assistance did not provide adequate funds. They felt that they could not afford the necessities of life while receiving income assistance. Trying to survive on funds from income assistance was described as arduous:

It doesn't help being on assistance—you can't live that way, honestly. You can't get by living like that. A single guy—they give you \$500 a month. You can't even pay rent with that. How are you going to live like that? It's impossible. It's pretty rough. ID 24

What they are allowed to do is absolutely ridiculous. You try to live on that for a month. I give you a month before you are tearing your hair out and bawling your eyes out. They will do \$535 for rent—what dream is that? I gotta go back to 1973. \$575 is what I pay for rent, and I lucked out marvelously. ID 81

Assertions that the income assistance program provides inadequate income comes as no surprise. The Nova Scotia government explains that income assistance “can help [recipients] with basic needs such as food, rent and utilities” (Government of Nova Scotia 2013). Respondents, however, claimed that they could not meet basic needs. Common responses were statements such as “they don't really give you enough to live off,” or “it's impossible to live off that.” Nonetheless, it appears that the income assistance program is intended to help people with basic needs, not the provision of basic needs. This is confirmed by the fact that welfare incomes in Nova Scotia all fall below the three threshold measures for poverty—market basket measure, low-income measure, and low-income cut-off (Maytree 2018: 62). Likewise, respondents argued that welfare assists during reentry, but does not meet all basic needs to enable reintegration:

Welfare usually does help you when you get out. But even when they help you on welfare, if you got somewhere to rent, their cheque covers rent, and then you got no money for a month. ID 58

I don't think they give enough for when you first get out to help you 'get on your feet'—not close to enough. ID 7

Respondents thought income assistance was inadequate, but they also explained that the program was highly bureaucratic and placed difficult demands on recipients. They asserted that bureaucratic requirements, formalities, and wait periods were difficult for reentrants. Bureaucratic procedures and requirements convoluted access to the income assistance program:

Just the trouble of going through it. Waiting on papers and that. I tried to get city assistance, and move off reserve, and find a place. I stopped; it was too long. I was passed from one person to the other. ID 8

Sometimes that's difficult if you don't have an ID. You need a bank [account] to get your last statement. Gotta do a lot of running around. ID 15

It should be quicker than what it is. Takes a while, [and can be a] slow process. ID 23

Respondents described a slow-moving bureaucracy as particularly arduous. They experienced delays while waiting on bureaucratic procedures and were forced to go without income:

Well, every time I'd go in, they'd want something different. Like when I first got out of the pen, I tried to get right on assistance. So, I went in, and they said I have to wait for them to call, 'and then we have to set up an appointment before you can come in and finish.' So, it takes about two weeks to get on, even before you get into the building to say, 'hey, I need income assistance.' Then you got to wait like three weeks for a cheque. ID 107

They told me when I got out of jail, I didn't need an appointment, but then I was told I had to, and it was a week later. So, that was hard. ID 103

Last time it took me four months, and I didn't have any kind of income at all. I was stuck. Had nothing coming in. I couldn't find work because it was winter. They did a home visit to find out where I lived, and it still took four months. ID 26

While delays can complicate reentry, interviewees also explained that the uniform bureaucratic requirements of income assistance were problematic. The nature of the program was described as too rigid for reentrants who may not have access to the required documents:

The requirements are too general. Upon intake there should be more of a focus on the current situation, rather than, 'here fill out all these forms. Give us as much information as possible.' Cause certain people don't have information that is normally required. There has to be more flexibility. There has to be more individualization.

Bureaucratic requirements were generalized for participants, yet income assistance offices were not considered uniform. The men explained that moving to another CBRM community was difficult because they could potentially have benefits reduced by their new income assistance office:

I had an experience where they were really helping me out, like they were really giving me enough to live off, and I switched from North Sydney to Sydney. When I got to Sydney, they like cut my cheque in half, it was crazy. It depends where you end up...After I [moved] I kind of wished I stayed where I was. ID 19

They took away my disability and I'm not too happy about that. It's because I moved to another town altogether. From North Sydney to Sydney to Glace Bay. Glace Bay welfare assistance is where they took away my disability. So, now I'm in the process of trying to fight that and get out of there as quickly as possible and go back to Sydney or North

Sydney. I prefer North Sydney though because I've had the least amount of headaches over there. ID 67

Income assistance workers were also a point of contention for respondents. Participants reported good and bad experiences with workers, and they emphasized the importance of a positive relationship with welfare workers. Respondents often juxtaposed positive and negative experiences with workers:

I've had various experiences. Years ago, I had some issues. Some of the workers, and even receptionists, if you get on their bad side, they can be pretty sour. I'd put them at a 3. My worker now, he is a 10. He does anything he can do to help. He tells you what you are able to get and the programs available to you. He does the best he can. ID 84

I've got a good worker now, she's good. But before that, it was bad. Last time I had a terrible worker. She acted like it was her money or something. ID 58

Respondents commonly characterized workers as protecting the resources of income assistance as if they were their own. When juxtaposing workers, participants often made statements like "some [workers] are fine, and some are off the wall like [the money is] coming out of their pocket." Interviewees often believed that workers influenced the amount of income received: "They should be giving me more money...it's just the worker I got now." Another common notion and experience amongst respondents were that conflict was necessary to secure resources from income assistance:

I went through three workers...I had to tell them pretty much where to go because I'm trying to get my extra money for transportation. They say, 'you're not going to the hospital enough.' But now I have to where I was in a coma; I've got to see a specialist and everything now. So, I am fighting with them right now. I would rate those workers as a 3, but my old worker would be a 10. ID 87

I had to fight for every penny, and it seems like some people get a good worker and some people don't get a good worker. Other workers, and I don't know why that is, but some think that it is coming out of their pocket. It's horrible. ID 98

Experiences of conflict with income assistance are not unique to reentrants as fighting with income assistance for resources is an experience common to many program applicants/recipients across Nova Scotia. In their Guide to Income Assistance in Nova Scotia, the Dalhousie Legal Aid Service (2009: 4) notes that unless applicants/recipients "start fighting for what [they] are entitled, they may never get it."

Beyond fighting for assistance, respondents were often suspected of wrongdoing and felt to be under surveillance. Perceptions of rule breaking can lead to conflictual situations:

They gave me a bit of a hard time last month, so I'd have to say a 5. The worker I had before, I'd give her a 10, but then it just all went to the dogs. They thought I was living with this other woman, which I wasn't. Just cause I was helping her out. Her dad passed away and I did some things around the house, and I was seeing her off and on, but I

wasn't living with her...They gave me a hard time over it, so I had to sign an affidavit. ID 72

Being suspected of wrongdoing can be intensified for reentrants. Carceral stigma is widespread across society and can complicate access to welfare state services. Respondents claimed that income assistance treated reentrants harshly:

Before the federal bid,⁹ it was like they were giving me everything without me even having to ask for it. And then when I came out, now I have a [FPS]number, it's almost like they want to give you the least amount they can. Everything I was doing was quadruple checked to see that it wasn't fraud. Calling my bosses up. Like some of it was embarrassing. It's like if you're carrying that over your head, it's harder to get the proper assistance ID 94

It is concerning that income assistance appears to be surveilling reentrants to preventatively assure compliance. Reentrants are likely being perceived as part of an undeserving, criminal poor that should be viewed as suspect and monitored.

Additionally, single employable people appear to cast as an undeserving, suspect cohort, possibly because they are perceived as relying on welfare instead of finding work. Respondents suggested different treatment when applying for income assistance as a single employable person instead of a couple with children:

In my situation, it was a lot easier with my wife to get assistance because we have five kids. After a bunch of things happened and we separated, I tried to get assistance myself. I was having a very difficult time and I was job hopping a lot. I tried to do it myself and it was very difficult. They said I needed a doctor's note, and they wouldn't pay for most of the rent I had, only \$400. [The worker] was giving me a bunch of reasons—really hindering the process, I guess. Same worker [as previous]. She knew who I was, but because I was a male and had no children under my care, they weren't as eager. ID 25

Providing income assistance for families but restricting it for single men (reentrants) corresponds with the evolution of Nova Scotia's income assistance rates over the past thirty years: the reduction of benefits for single people and stable or increasing benefits for those with children.¹⁰ Decreasing rates for single employable people—and single people with a disability—while simultaneously maintaining or increasing rates for families suggests a deserving and undeserving poor (Wacquant 2009).

The reduction and restriction of income assistance for reentrants is problematic because their needs go unmet, and they are forced to live in poverty. As described above, poverty was connected to crimes of survival (often illicit drug sales, sex-work, or theft/resale). If the social safety net is unavailable to alleviate poverty, reentrants may turn to the illicit economy to

⁹ Bid is a slang term referring to a prison sentence.

¹⁰ Income for a single employable person decreased from \$10,817 in 1989 to \$7,442 in 2019. Meanwhile, income for a single person with a child largely held steady from \$18,810 in 1986 to 18,372 in 2019, while income for a couple with two children increased from \$24,397 in 1986 to \$27,974 in 2019 (Maytree 2020).

supplement their income. The inadequacy of income assistance was related to participation in the illicit economy and reincarceration:

When you are first getting out of incarceration, [income assistance will] help you but it's not enough. They will give you a certain amount of money, but then when you pay your rent with the money, you do this and that, you might only have \$100 left, and how are you supposed to survive off that? And then you gotta resort to...you know what I mean...going and doing other things and then you wind up coming back to jail. I'm going to be straight-up with you; I haven't been on income assistance in like three years because I sell drugs on the street—that's my way of making money so I don't have to rely on the government to give me something. ID 29

By not providing adequate income assistance funds for reentrants, the Nova Scotia government is essentially keeping reentrants trapped in poverty and the carceral cycle. Reentrants, unable to depend on the social safety net to support their basic needs, are forced to rely on criminalized activities which make them vulnerable to reincarceration.

Employment:

The men reported struggling to secure employment. Overwhelmingly, they desired jobs but felt opportunities were limited, and that criminal records prevented employment. This is reflective of the landscape of needs referenced in other studies noting that 75 per cent of prisoners in federal institutions have employment needs (Donato 2023). Participants received employment assistance from local organizations, but they were mainly informed of how to increase their employability and did not necessarily achieve employment.

Upon release from jail, the men desired being employed. Employment, however, was often reported as being limited for reentrants. Respondents felt that they were excluded from jobs with desirable wages and conditions:

When you get out of jail, you don't usually get an opportunity. If you're lucky enough to get a job, it's usually not a decent paying job. ID 106

Anybody with a criminal record, the only place you're getting a job is a scrapyard or recycling center, that's all you get. Working in the dirt with the rest of them. ID 52

Criminal records were problematized as not only limiting employment opportunities, but also for signifying the undesirability of reentrants in the labour market. The criminal record was said to largely exclude reentrant labour market participation, which, like lacking income assistance, was related to crimes of survival:

Nobody wants to hire you because you are a criminal. You got a criminal record, [employers] think you are bad, you are always going to be bad, and they don't give you a chance. Some people do. But some are just plain mean, 'No, man, you got a record, we don't need you, we can't have you.' It's hard on people, and when you are turned away, you turn back to crime again. Where am I supposed to work? How am I supposed to take care of myself? Am I supposed to go to a shelter for the rest of my life? ID 79

Criminal records constructed reentrants as an untrustworthy faction who were undeserving of employment opportunities. This stigmatization of reentrants in the labour market appears to be widespread. Respondents felt there were few employers who did not stigmatize and practice exclusion:

I was working for [a restaurant] in Glace Bay, and [the employer] was one of the only people who gave me a chance and didn't look at me like I was doing something wrong or was going to steal. There's a lot of places that do [not give chances and discriminate]. ID 21

The exclusion of reentrants in the labour market was often informed by the databasing of criminal histories online. Reentrant arrest, remand, incarceration, conditions of release, and personal information was often disclosed in the local media and the stories were databased on Google news. Therefore, employers could Google search the name of job applicants and exclude those who have a reported history. Respondents believed this was a reason they were excluded from employment:

For guys with criminal records, employment is the hardest thing to do. You look somebody in the eyes and tell them you're not that person anymore. They look at you, and Google you as soon as you turn your back. 'We don't want him working for us.' You want to change, you are changing, but society wants to keep you back. It's hard to fight the system. ID 94

Furthermore, receiving the help of a local employment center did not hinder this process of surveilling and excluding job applicants. Even a referral to an employer from a third-party community employment organization could not prevent employer discrimination, and the outcome was reincarceration from turning to the drug economy:

I went to Nova Scotia Works. I would [rate the worker a] 10. [My worker] set me up with an interview for [a downtown restaurant] as a dishwasher. When I went down to see [the employer], I was supposed to get my hours and that, supposedly I had the job. And then, I guess [the employer] Googled me, and he said, 'nah, I can't hire you.' I just sucked it up and walked away, and then I turned to the only thing I knew, selling drugs. And here I am, back again for selling drugs. I tried for the first two and a half months when I got out—I just couldn't get a job, and I chalk it up to my criminal record because I have lots of experience, I've worked all across Canada. ID 51

Unfortunately, employment support services are not mitigating these difficult economic circumstances. These services were highly regarded by respondents: 57 participants rated the service, and the average interval scale rating was 8.5—one of the highest rated services in this study. This rating, however, should not be overstated as reentrants, other than 3 people, did not achieve employment through participating in these services. Rather, it appeared that respondents were aware that the assistance received from these organizations made them more employable, not employed: “[the service] helped me. After that it was up to me to get [a job].”

Respondents reported the main assistance offered by employment support services as resume building. They believed that these services improved their resumes:

The Resource Centre at the YMCA did it up all fancy and made it look professional—they did a good job. I never would have been able to make it look as good. ID 19

Helped me know where to put things and stuff. Put your name here, put this here. I didn't know that. It was more professional. ID 18

Besides resume building, participants reported that employment services advised on behavioral change. Behavioral change was mainly related to independence in the labour market and social interaction:

[They are] pretty good over there at the YMCA. [They] help you out. [You've] got to do stuff on your own too. Gotta job search and stuff. [They] teach you how to call people up and how to talk to them. All in the way you speak. ID 79

Respondents explained that outside of the formal services offered by employment support organizations, they enjoyed and benefitted from the opportunity to use telecommunications technology. The internet and phone were desired by reentrants who often lacked consistent access to these technologies. Reentrants would utilize these organizations to bolster access to communications technology.

Ultimately, respondents desired employment, but were largely excluded from it. Their criminal records blocked them from procuring employment, and current employment support services were unable to rectify their lack of participation in the labour market.

Housing:

Securing housing was a major challenge of reentry. When asked about the most difficult aspects of reentry, respondents described finding shelter as particularly challenging. They commonly described how arduous it was to “find a place to land” and “start over” after being incarcerated:

Housing is going to be difficult. I had an apartment, I lost literally everything. When I get out, all I'm going to have is the clothes on my back, so yeah, it's going to be difficult. I'm pretty much starting all over. ID 19

Hard starting over. You get out of jail, and you lose a lot of stuff, and you have to rebuild. It's like starting fresh again. Most times you lose a lot, your partner, house, belongings. It's stressful for sure. ID 24

A further difficulty respondents pointed out was exclusion from the rental market. Like discrimination in employment, reentrants, saddled with publicly acknowledged constructions of criminality, were often surveilled and excluded from the housing market:

I had issues getting jobs and housing from being a criminal and having my name plastered in the paper. People would say, 'oh well, this guy got charged with this 2 years ago, so we are not going to rent him a place or we are not going to give him a job.' ID 18

In Cape Breton, if you get criticized by one landlord...he calls other landlords in the neighborhood and tells them about you. That's a fact! I had that done to me. The person I was trying to rent from said, 'I am going to rent to you, but this person called me and told me not to rent to you.' It's almost like the bar system. If you get kicked out of one bar, they call, and you are not allowed in the other bar. That's what's going on. It doesn't take long for news to travel. If I did something tonight, by morning everybody would know. ID 99

I can't rent anywhere because of my last name. I'm in trouble that much. I usually get turned down. I have a hard time renting. ID 103

Landlord surveillance practices were informed by local media stories and word-of-mouth knowledge sharing. These surveillance practices allowed landlords to screen applicants and exclude reentrants from the rental market.

To mitigate the difficulties of securing shelter, respondents attended housing navigation programs. However, only 35 of the 107 participants utilized housing navigation programs. Amongst these 35 participants, the average interval scale rating for housing navigation was 7, but these programs were certainly not without criticism. Reentrants felt that reincarceration and pending legal processes disrupted housing navigation participation:

I never followed through [with Housing First] because I was [reincarcerated]. ID 12

I went to Cape Breton Housing Authority for a place to live because I have a disability in that I have COPD and systemic heart disease, and I can't walk long distances, but they weren't helpful to me at all. They said I had upcoming court and not to come back until that was all dealt with. Sent me away. I was homeless at the time as well and it didn't matter to them. ID 6

Another criticism of housing navigation programs was that they housed people in unacceptable units. Respondents explained that these programs disempowered them and compelled them to accept objectionable shelter:

I became a client of Housing First, you have no choice of where you are living. They fit you where they know somebody...What they are renting out is inhumane. I was moved to [a Sydney] Street to a room not fit to put a dog in. When I was breathing in, it was like I was breathing in ashes. ID 80

While respondents reported problematic experiences with housing navigation programs, and often had difficulty independently securing shelter, they would come to depend on friends for housing navigation assistance. This informal navigation involved assistance with securing places to live and in some instances allowing respondents to 'couch-surf' at their residence:

I was supposed to get bailed. My buddy got me an apartment and everything, but I didn't end up getting bail. So, I had a place and stuff, but I just didn't end up getting bail. It's hard for me to get an apartment in jail, so I asked my buddy to help me. ID 106

I'm finding it hard to find a place right now. I'm gonna be staying with a friend for a few days once I'm out. If I don't find myself an apartment, then I'm gonna have to rent a motel room for the winter. Now that's expensive. One of my friends actually works at one of the motels and I might be able to get a deal on a room. ID 52

I lived with a friend for the past couple of years. I have a hard time renting. ID 103

Informal housing navigation assistance from friends was representative of the importance of reentry support networks. Respondents described support from friends and family as integral to securing post-release shelter. Those lacking in dependable support networks were considered vulnerable to homelessness.

Respondents who experienced homelessness explained that the local homeless shelter was helpful for temporary overnight stays. Moreover, participants noted that the homeless shelter was helpful for providing meals and clothing. The men were appreciative that the shelter prevented them from spending cold nights on the streets. Overall, the service received a positive rating on the interval scale at 7. Participants, however, held strong opinions on what they perceived as problems with the service, and staying at the shelter was often undesired. Potentially reentering to the shelter was considered distressing:

I'm probably going to go to the shelter when I get out of jail. Well, I'm a little bit nervous because I've never been there before, and never put in a situation where I'd have to go there. But, if it's there, I'll definitely use it. ID 19

The biggest complaint against the shelter was the policy of discharging clients early in the morning. Respondents strongly disagreed with this policy:

They helped me stay there when I needed. I guess for me, they send us out too early in the morning, like 8:00 in the wintertime, and some people have nowhere to go. Just would like a little more time. Just walking around in the wintertime and carrying stuff around. ID 17

It's hard, you gotta leave at 8 o'clock in the morning. You're very tired when you leave. ID 93

I have a friend that used the shelter now and then. When he goes to the shelter, they remind him he has to be out in the morning. That's not support, that's...the guy didn't sleep all night because he is up all night wondering where he is going to go. ID 57

The discharging of clients in the early morning, especially during winter, creates an arduous environment of stress, where clients, grateful for admittance to the shelter, have anxiety related to returning to realities on the streets. Reentrants staying at the shelter who experience stress and anxiety, lack sleep, are exposed to the elements, and have nowhere to go are in a precarious situation that likely exacerbates their marginalization. A lack of sleep is known in brain-based research to further complicate decision making and produce a sense of being on edge. This can be related to reentrants then being “quick to react” to perceived threats (Suni 2023; Sweeney 2018; CBC News 2006). Homeless reentrants, making attempts at reintegration, are facing

barriers such as poverty, inadequate income assistance, exclusion from job and rental markets, etc., and the homeless shelter policy of pushing them outside each morning may further complicate reintegration.

Besides discharging clients early in the morning, participants questioned the safety of the shelter and believed that they may be vulnerable to theft. Interviewees, worried about safety and theft, found the homeless shelter to be a trying environment:

It really isn't safe. They say it is, but you can still wake up with your shoes gone. That's real. It's not safe and you're not comfortable. Like I said, I would rather wake up under a fish box, at least then I know I'm safe. ID 99

I have used the shelter 5 times. It sucks! I got robbed every time. I would rate them at the lowest, 1. When you wake up and you gotta leave at 7 in the morning, and your stuff is vanished. Sometimes even your shoes go missing. Stuff sits right beside your bed. Your stuff is right there, and everybody is right there. When you are sleeping, your things tend to go missing. Not a safe environment. Not as safe as they say. ID 67

Furthermore, respondents claimed that the shelter is not necessarily welcoming. They noted having conflicts with homeless shelter workers:

I was staying there for 2 weeks, and I felt like I was overstaying my welcome. That's how I felt. But, as much as it's a good program, I give them a thumbs-up, sometimes the workers will get mad. 'I don't think you're homeless,' the worker told me. And I told them like, I find that they're giving me a hard time, 'I don't think you like me.' ID 89

There is very much a custodial attitude with respect to the workers there. I got into it with a [worker] there one time because they practically confiscate your medication. ID 81

Participants also noted that worker conflict could potentially arise from visible indications of substance use. Conflict with workers sometimes revolved around allowing access to the homeless shelter for those who may be under the influence of a substance:

I have [stayed at the shelter]. I only did it for one night. It got me off the street. 5. It was hard to get in. A bit of a hassle. Me and a friend went, and he was used to going there, and it was a bit of an argument because I was intoxicated. ID 16

As many reentrants often depended on the use of substances, both legal and illegal, for dealing with difficult circumstances, their access to the homeless shelter may be complicated or hindered. In this study, 93 percent of participants who used the homeless shelter also claimed to have a drug or alcohol problem. This high figure suggests that it is likely for most reentrants using the shelter to also be using substances. Therefore, disrupting shelter access for substance use or intoxication could potentially enable exclusion and further compromise reintegration.

To summarize, respondents acknowledged that procuring housing was one of their biggest reentry challenges. Their discrimination and exclusion from the housing market and difficulties with housing and homelessness services compromised reintegration.

Health Care

The men talked about their experiences in Nova Scotia's health system. They spoke about seeking care from emergency rooms, family doctors, and walk-in-clinics. Several struggles were noted in these spaces. The health system was perceived as lacking and offering reentrants, especially those dependent on substances—83% in this study—limited interventions that often did not address their health concerns. This section could be largely summarized by the following quote:

They say Canada has one of the best health [systems], but I don't find that we do. It is a waiting game, and by that time someone could commit suicide or overdose. Same when you go to Sydney hospital to outpatients; you are there waiting three or four hours. Something could be seriously wrong with you. You get tired and frustrated and leave. I don't really find the healthcare around here is that good. ID 15

Wait times and not receiving adequate care, especially medication access, were noted as significant challenges for reentrants. These issues, according to participants, were widespread across healthcare. Respondents also experienced stigma and exclusion from the health system. Participants who had the same family doctor since childhood, however, often reported positive experiences and adequate care.

Respondents described wait times as a barrier to receiving health care. They believed that a shortage of doctors contributed to excessive wait times. At the time of the study, the wait time to access health programs such as Mental Health and Addictions was reported as taking up to two-years. These excessive wait times for people claiming to have mental issues or substance dependency could be detrimental to their health (e.g., infection; sepsis) and wellbeing (e.g., self-harm). Moreover, respondents felt discouraged from bureaucratic barriers to mental health specialist access:

I tried to get in before, but it was just referrals and everything to get in. It was hard. No access. ID 7

Bureaucratic procedures such as referrals extend patient wait times as they must wait for access to one health professional so they can be waitlisted, often long-term, to see a specialist. In Nova Scotia those seeking specialists go without care for long periods. As the respondent noted at the beginning of this section, excessive wait times, which essentially abandon patients for months or even years, could certainly have outcomes such as death or injury from suicide, overdose, or a host of other reasons. This slow health bureaucracy has caused interviewees seeking mental health care to essentially believe help is out of reach:

The facilities for mental health and the services for mental health inside hospitals are atrocious. There is very little mental health services available. ID 49

Respondents also experienced frustration and discouragement from excessive wait times. Long-term waits were viewed as contributing to mental anguish:

Right now, I got bad anxiety, so my thing is just waiting. It's the worst thing to be just waiting. When they told me [I would have to wait for] 6 months, I was like, 'oh my God.' ID 31

Like being waitlisted, spending long hours in a clinical setting was also considered difficult. The men explained that waiting was disruptive to their healthcare. There were instances where they would simply give-up pursuing care. Participants reported leaving waiting rooms after long periods:

[This is] what it is like, I go up to the hospital... [I've gone] to the hospital dozens of times and just leave because I can't take the wait. ID 72

I knew I had some issues, so I went to the walk-in that was suggested to me. I waited for 2 or 2 and a half hours and got fed up. I was the only one in that waiting room, so there was really no reason for that. ID 67

While wait times were considered generally problematic, participants acknowledged that waiting was more troublesome for people who were dependent on substances and trying to cease use. There was a sense that people seeking healthcare assistance with abstaining from substances required timely interventions:

Wait times when I was coming off pills, when I first started getting clean, I'd be kind of stuck. I'm stuck now and kind of need some help. And they say, 'oh yeah, call back on Tuesday,' when I need help now. ID 107

Wait times for substance dependency health services compromised participant ability to refrain from substance use. The respondent above refers to feeling “stuck,” which indicates being trapped, with withdrawal on the horizon, between a slow moving, unresponsive health system, and a readily available illicit street economy that, for a few dollars, supplies medication to stave off withdrawal symptoms. One respondent noted not needing to go to a pharmacy because he could “get whatever [he] want[s] whenever [he] need[s].” In this arrangement, as discussed in earlier sections, respondents turned away from formal state services, and pursued assistance from an informal, underground economy. In other words, wait times are so arduous that reentrants may find it advantageous to continue substance use:

If I [was released from jail] right now, I know where I'm going to go. Right back to my family's house where I know I can get a pill and a rig¹¹ and going back to the same people I know, right. I'm not going to leave here and go right to the hospital and sit over there for hours waiting for my prescription, and then have to stay there for three hours to go back and get another dose, right. ID 47

Respondents highlighted the challenge of procuring medication in the formal health system. This was most evident in descriptions of interacting with family doctors. While participants who were long-term patients of family doctors, especially since childhood, often acknowledged favorable experiences—possibly due to the development of personal relationships between patient and

¹¹ Rig is a slang term for injection needles.

physician—there was still the suggestion that family doctors were hesitant to write certain prescriptions:

He is the best doctor I've ever had. [I would rate him] 11. I've had him for 7 years, and I like him because he'll do things for you, but he won't give you pills. And he knows that I'm not...like if I [go] there for back pain or something, he knows I'm not there looking for pills. ID 52

For participants, doctor aversion to overprescribing pain medication caused them to go without medications they claimed to need. Respondents claimed to be living in pain because their doctor was strict with the prescription pad:

He's a good doctor, but in terms of looking after my pain medication, very poor. He gives me [pain medication], but you think he would up [the dose] after a few years. I don't care what other people are doing, I take it for pain, and I've got it documented where I've had surgeries. ID 69

I have spinal issues and very severe chronic pain. My doctor is useless. I beat my head against his desk for 10 years trying to get him to do something. I'm telling him it's in my neck and he constantly wants to throw cortisone shots in my shoulder. He is not even listening! ...He said I was looking for opioids and I never said opioids once. He was putting a pre-condition on me about who he thought I was, and [was] judging me according to that. ID 81

The respondent above is referring to his doctor informally classifying him as an addict and deploying the dominant discourses of addiction. These discourses delegitimize pain conditions or requests for medications as deceitful efforts to procure medication for recreational use. When people are socially constructed through discourses of addiction, they are differentiated from the cultural norm:

Being a known addict, they treat you completely different [in healthcare], I find. They don't treat you like a normal person. ID 21

These stigmatizing attitudes were widely found across clinical settings in the Cape Breton. While respondents indicated stigma from addiction in the health system, they also acknowledged judgement and discrimination in these spaces from criminalization. Reentrants faced similar stigmatization from carceral classifications:

Because of my criminal record and stuff...Like when you go to a job interview...Same with doctors—that's why I say the one I like is [rated] a 10 because he never looked at me different. But, when I first got on with [another doctor], he looked at me like I had two heads because I was in jail before. I really don't think he even wanted to take me on. ID 21

I used to have a doctor but don't now. He booted me off his case load. He was my doctor since I was a kid. I tried to make an appointment. They called and [the secretary told me], 'if he was your doctor, he isn't anymore.' [He is] still my sister's family doctor. I

was in on some big [criminal] charges, maybe it's because of that. People tend to hate on you a little bit. ID 103

When respondents were stigmatized and discriminated through criminalization, they could potentially go without medication they needed. The participant dropped by his doctor explained:

I stopped taking ADHD medications because I have no doctor to figure that out. It's hard sometimes; I'm back in school so I'm trying to get back on them. ID 103

Interviewees were labelled with dominant social constructions of criminalization and addiction, but they were doubly stigmatized when these constructs were combined. It should be noted that the illegality of so called 'street drugs' intertwine addiction with criminalization, as criminal justice intervention for these specific substances can trigger various carceral categorizations. Respondent medication access was blocked, and their mental health concerns were trivialized when carceral and medical discourses united:

I have never abused drugs prescribed to me. I could see if I ended up screwing up, but that's not the case here. [My family doctor] says, 'your past records of crime show problems with drugs.' In my younger years, I did lots of time...about 14 years...I did a lot of hole time¹². They are saying now it is a form of torture.¹³ It made my anxiety worse. I tried explaining this to my doctor. He tells me, 'I don't feel it's a good idea because I fear you might abuse it. ID 105

Doubly stigmatized reentrants were vulnerable to potentially having their mental health concerns undertreated and medication options limited or blocked by doctors. This is alarming because carceral experiences, as noted by the respondent above and others in this report, are traumatizing and likely increase the need for mental health care. Moreover, when stigmatizations blocked access to mental health medications, participants procured them on the illicit market, making them further vulnerable to reincarceration and additional mental anguish. The respondent above explained more of his struggles with anxiety, medication access, and reincarceration:

I have massive anxiety. If I don't have my [nerve pills], I'm probably going to self-medicate. I try to get as many pills [as possible] off the streets when going away for work because my doctor won't prescribe... My regular doctor has a problem with [prescribing me diazepam]. I feel like society has let me down. I have a condition, a fucking disease. I hate how I feel on multiple occasions. I feel like I'm letting myself and family down by getting drugs on the street, but it's so hard. I know I'll end up back in [jail]. ID 105

Reintegration would likely be easier if reentrants had reliable, legal access to medications that they would otherwise risk reincarceration for by purchasing from illicit sources. Moreover, the current illicit drug supply is adulterated with toxic substances, which combined with a declining

¹² Hole time is slang for time spent in solitary confinement during incarceration.

¹³ A 2011 United Nations General Assembly report by the former Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment concurred that solitary confinement could indeed be considered torture in specific circumstances. Furthermore, those held in solitary confinement were said to suffer a variety of mental health issues (Mendez 2011: 19-21; 26-27).

tolerance during incarceration, increases reentrant vulnerability to illicit drug toxicity, overdose, or death in the days following release (Binswagner et al, 2012).

Ultimately, reentrants are not receiving the access to healthcare they need to improve health and wellness and assist reintegration. Their access to medical care is disrupted by long waits and blocked by criminal/addiction constructions.

Transportation:

Transportation was a challenge for respondents and a barrier to accessing social services. Common responses were statements such as “transportation is hard for people” or “transportation is the main [barrier]”. Participants acknowledged that they simply lacked mobility:

A lot of people don't have the means of travelling to where they have to go to get what they need done. ID 51

Respondent access to welfare state services was impeded by the centralized location of most institutions and organizations in the city of Sydney. Many respondents lived in peripheral communities located a considerable distance from Sydney. Participants explained the inconvenience of this situation:

People from Glace Bay, New Waterford, et cetera, have to travel 25 minutes to get to services. ID 104

Moreover, Cape Breton's peripheral communities have more affordable housing than Sydney, yet respondents, as indicated in the income assistance section, often have little to no disposable income after rent is paid. Therefore, interviewees reported not being able to travel back and forth:

Even if you try and [live] in a cheaper [community], the transportation to get there is costly and is hard. ID 79

A further inconvenience was that participants from peripheral communities did not own vehicles and were forced to find alternative means of transportation. They often faced arduous journeys with harsh weather, and could not accurately predict the length of each trek to and from Sydney:

Mostly people have no vehicle. It's hard. [They] can't move around that much. I force myself. When I used to see a psychiatrist in Sydney, I used to hitchhike in the middle of winter. It might take me 45 minutes or 2 hours. Sometimes I walked halfway. I used to go once a month. ID 14

Public transportation was often reported as unaffordable. Participants could not afford the bus to travel between communities:

I'm from Glace Bay so I couldn't get back and forth. I didn't have money for the bus or anything. ID 21

[I was] referred to the pain clinic that is all the way over [at Northside General]. I have no car, I'm on welfare, and I often don't have the god damn bus fare. ID 81

Unaffordable transportation, coupled with centralized services and more affordable rents on the periphery, disrupted services for participants who did not live within reasonable walking distance. Respondents reported on the impacts of these situations:

They do offer daytox in Sydney. But at the time I was living over on the Northside, and I had no car or nothing so just the mission to get back and forth from the Regional Hospital was like pretty much impossible. So, I couldn't really participate. ID 19

When I was [living] in Whitney Pier, I could only come some days, every second day to get my methadone because I could make myself suffer and go that extra day, but I shouldn't have been doing it. But, I mean, I had no other way of travelling so I had to do it. And the colder weather makes it ever worse. ID 72

Affordable and dependable public transportation appears to be an integral requirement for reintegration. Reentrants must be able to rely on public transportation that grants them mobility to attend and fully participate in the appointments and supports they need. Otherwise, they become excluded from these reintegration supports and further isolated in under-serviced communities.

Role of Rules:

When questioned about what they might tell rule makers (government) about their lives or situations, respondents explained that those crafting criminal justice policy failed to understand the difficult lives of those caught in the carceral cycle. Likewise, they believed that the contextualization of crime was not properly considered when developing criminal justice policy.

The men explained that lived experience was integral for truly understanding crime and incarceration. They noted a lack of comprehension on the part of criminal justice policy makers. They felt that rule makers simply could not understand the traumatic upbringing of reentrants:

[Rule makers] try to do the best they can, but they don't know how we grew up. They don't know what it's like. So, I think they try to be fair, but at the same time, they don't understand what impact [difficult upbringings] had on us. ID 107

A lot of [rule makers] don't understand. Obviously, they're following the rules and they've been brought up pretty good. I've been brought up in a different household. ID 47

In addition to misunderstanding reentrant childhood trauma, participants suggested that that policy makers have limited knowledge of incarceration. Respondents pointed out that policy makers are unaware of the day-to-day conditions within jail:

I think people who make rules for jail should spend time here. Like look at the holes in my clothes. Just to get a shirt they say put in a request. Got to bitch and complain. I lost

my cup the other night and had to borrow my buddy's cup for coffee and water for two days before they got me a new one. ID 8

I think many of the things asked of [people in jail] are unreasonable because we are human beings. You can't house me in a cell and have me stay there for 24 hours a day, 7 days a week and say, 'don't talk to the person next to you.' When rules are broken it pits us against staff, and the ones making the rules are not down at the end of the jail keeping the peace, the guards are. ID 57

Participants also expressed that those crafting policy failed to perceive the context associated with behavior and crime. Interviewees described the need for rule makers to contextualize structural conditions of crime and to consider the role of rules within this context:

[Rule makers] just gotta listen more and look at factors of why someone did what they did. ID 16

The ones making the rules need to look at how we are living and why we are acting the way we are. Things are happening because of your rules, so maybe those rules need to be looked at and changed a little bit. ID 57

Respondents felt rule makers failed to understand their situations because they have not experienced marginalization. Participants suggested that policy makers should spend time living in their shoes and circumstances:

They aren't living it, it's easy to say what you need to do. ID 101

They make rules but they don't have any idea what it's like. ID 5

Furthermore, they felt some rules in place were too focused on punishment, lengthy, and rigid. They expressed that sometimes more flexibility and contextualization is required:

Crime is seen to be all one's fault and there is a need to suffer, do the time. ID 11

There are people in here that shouldn't be in as long. ID 40

The courts look at people just 'by the book' and categorize them the same as all others who have done that crime – it's not right. ID 21

Indeed, reentrants are at the whim of structures established by policy makers. Reentrant behavior is often decontextualized from its social structural roots and reduced to criminality. As noted in the introduction section, this report desires shifting reentry narratives away from changing the individual behavior of reentrants to reforming the institutions of criminal justice. The institutions of the social welfare state should also be included in this reformation. These institutions structure the lives of marginalized (criminalized) people, and as this report demonstrates, the structures of these systems contributed to behavior deemed unacceptable.

In addition, respondents provided context to criminalized behavior and acknowledged how policy makers contribute to destroying the lives of those dependent on substance. Working in the underground economy was described as a necessity to support a family:

You got the police bugging around trying to find out who is doing this and that, and if you arrest me and throw me in jail, what will my family do? [Rule makers] don't understand that. They don't understand that we don't [participate in the illicit economy] because we want to or because we are gangsters—we do it to support ours. We all got kids out there. We all got families out there. ID 29

Likewise, there was a sense that drug policy was problematic and needed to change. Respondents explained how policy makers maintaining prohibition were making life arduous for people dependent on substance:

I think they need to, as far as drug laws go, I don't think you should be charging people for doing drugs. You're going to ruin their whole life because they are addicted to drugs. I don't think street people, addicts, should be charged for doing what they're doing [because] it backs up everything and their life is ruined. So, they have no way to get back on track again, and [rule makers] are the reason it's so hard. ID 86

Besides establishing and maintaining structures that decontextualize criminalized behavior and make life more difficult for marginalized people, one respondent commented that policy makers craft rules that “they don't have to follow.” This comment was perceptive as it recognized that policy makers, largely drawn from middle to upper classes, dominate the criminal justice/social policy realm as they craft policy largely directed toward the bottom of the class structure. Furthermore, the comment reflects the earlier point that rule makers do not have life experiences like those who are repeatedly incarcerated, and that those most affected by these policies generally lack access and input to the policy realm.

Stigma:

Stigma, widespread in the lives of participants, was a significant challenge with almost daily implications. The men indicated experiences of stigma stemming from families, friends, acquaintances, community members, the social welfare state, and criminal justice institutions. While stigma and exclusion in employment, housing, and healthcare was discussed in earlier sections, this section focuses on a more general examination of stigmatization.

As established previously, reentrants who use illicit substances suffer a dual stigmatization for incarceration and unaccepted substance use. This dual stigmatization, defined by dominant discourses of incarceration and addiction, demarcate reentrants as morally problematic and inferior. Participants described dual stigmatization:

I was an IV drug user, and I've been to jail. You get a lot of people that look down on that and treat you really different—don't even want to go near you. ID 21

Doubly stigmatized respondents often described their prison and dependency stigmatizations separately. Both stigmatizations, however, carry similar repercussions for those they are ascribed to. Carceral stigmatization was said to differentiate people and define them as secondary citizens who are perceived objectionably:

People treat me different because I've been in the system. They look at me differently now. ID 27

I think my long-term friends, due to what I've gone through, like all through the system, jail, and what not, they think my standards have been lowered. I'd say they definitely look down on me because I've done things that they have never and experienced things they haven't. ID 85

If you are in and out of jail all the time, [people] look down on you. I don't talk to half of my family because I'm in jail. ID 103

Respondents explained that family, friends, and community members began viewing them negatively because of their carceral interactions. Again, people with no carceral experience were perceived as being unable to comprehend the behavior of those being repeatedly incarcerated. As carceral experience is so foreign to those outside criminal justice control, and incarceration is a morally opposed subjectivity, reentrants, their experiences, opinions, and concerns are often simply ignored:

In [jail] there are a lot of guards they don't want to hear anything you have to say. It's like you aren't there, all they do is guard you. It's similar outside of jail. ID 23

Outside of being stigmatized for any contact with incarceration, reentrants can be assigned a carceral category that leads to a more nuanced post-incarceration stigma. Sexual offender, for example, is likely the most identifiable and opposed carceral category. A respondent explained how being stigmatized with a specified carceral category complicated his personal relationships and mental health, and related to isolation and resuming substance use:

My family and that now that I'm a robber. Everybody thinks I'm out to rob them, and people hide and lock their doors and get scared. They think I'm going to shoot them. [It makes me feel] pretty shitty. I was with one of them normal girls and it didn't work out too well. People told her, 'That guy's nuts, he goes around with guns and robs people.' So, it didn't turn out well. It was a shitty feeling. Then she left me, and I went back to using [drugs]. People try to avoid me as much as possible. That's not a good feeling...That makes you want to get high and block it out of your head. ID 47

As a defense mechanism to minimize myriad challenges from stigmatization, respondents attempted to obscure carceral history. Participants, when interacting with people they were not acquainted with, reported concealing their incarceration:

Everybody I meet, I try not to tell them I've been in jail because there is a bunch of stigmas on being a criminal. ID 27

People treat me just like themselves and it's only because I wear a mask, and I'm good at being who I need to be at that time. I put that mask on, no one sees what's behind it. Only I do. If I need to adjust for something else, I adjust for it. Society doesn't get to see who I actually am...the hurt, the feelings, the brokenness... ID 57

Reentrants obscured carceral history and identities because, beyond being challenging, these stigmatizations can be detrimental to reintegration and even life itself. Although it is difficult to accurately pinpoint the exact outcomes of stigmatization, there is no doubt that it contributes to exclusion and isolation. Therefore, it is likely that stigmatization from incarceration is a contributor to declining mental wellness and even suicide. One respondent recounted the story of a friend:

A young fella [I knew] did 10 years in jail, and his grandfather lived three doors up from me. His stepmother and father wouldn't let him move in the house. He slept in a barn on the yard. No heat or lights and it was wintertime. We all chipped in and got him extension cords for a heater and that. I liked him. He ended up committing suicide. He admitted he made a mistake, and it was pretty serious—armed robbery. But he couldn't take it the way they treated him; he hung himself. ID 39

Incarceration stigmatization, coupled with a specific carceral category projected onto the individual—armed robber in both instances discussed here—, appeared to enhance stigma and exacerbate exclusion and isolation as even families and loved ones turned away from reentrants. Enhanced carceral stigmatization, social exclusion and isolation caused mental wellness to be jeopardized, led to substance use escapism, and, in the tragic example above, contributed to suicide.

The stigmatization of people who use illicit substances—a vigorous affair in the CBRM—meshed with post-release stigmatization. Respondents indicated that like carceral stigmas, stigmatization from addiction differentiated them from the cultural norm:

People look at you different because of your addiction. [You] feel the vibe. ID 23

They just look at me as different because I stick needles in my arm. ID 58

Stigmatized respondents explained that differentiation caused them to occupy a second-class position where they were treated as less than. They noted how most people would judge and stigmatize them for using illicit substances:

20 percent of people treat you with respect, and the rest look down on you for addiction problems, mental health problems. Labels, yeah! ID 19

If you're talking to your friends who were addicts, they're going to treat you normal. But, then if you're with somebody that knows you're an addict and don't use, they are going to look at you like you're nothing. ID 60

Additionally, addiction stigmatizations, as mirrors of dominant state and cultural discourses, were so socially ingrained that people using drugs even stigmatized and differentiated from one another based on substance used and method of consumption. These specific stigmatizations revealed a hierarchy of drug user categories indicating moral worth:

If you're not an addict and you're hanging around with someone who knows you use needles, even if they do drugs, and they don't use needles, they look at you differently. Because they're like, 'oh, I sniffed drugs, so I'm better than you.' People think of needle

people as the end of the world...Or if you smoke crack, and they sniff coke. Coke is coke—you're smoking it, sniffing it, or [injecting] it. You're still a coke addict. ID 60

Reentrants explained that stigmatization was rampant in Cape Breton social life, and it was spread through rumors, accusations, gossip, the media, and word of mouth. They reported that both addiction and incarceration labels were deployed against them in a public manner. Sometimes stigmatization extended beyond the individual as their surname was labelled negatively. Like the public discrimination and exclusion of formerly incarcerated people in the labour and housing markets, participants pointed out that the small-town nature of Cape Breton made addiction and incarceration stigmatizations publicly traded and fast flowing information:

People don't even know you and look down on you because of rumors, what they hear and what they think they know about you. It gets out there and it gets out there pretty fast. There's a lot of judgmental people out there. ID 67

Once people seen me on the news and paper. I was in here in January on remand and got released on bail, but I just felt like people were looking at me different. When I got out and went into a store, I could just feel the different looks. I was on the news and the front page of the paper. ID 28

Five years ago, people didn't know I did drugs, now everybody does. ID 58

The potential for public stigmatization was a barrier for people who use drugs when seeking assistance from the social welfare state. Asking for help with these issues was perceived as having the potential to manifest into stigmatization:

I'd say people are too embarrassed and shy to ask for help. They don't want people to think they have an issue or a condition or something wrong with them because they don't want to be made fun of, like pointed out for having that disability. ID 48.

While attempting to obscure substance use from public view can be a barrier to services, reentrants who are publicly outed for their substance use or dependency suffer daily judgement, sanctions, and exclusion. Reentrants who use illicit substances are potentially disgraced and considered unworthy of interaction:

There is this guy, [a downtown businessman]. I grew up with him in [a peripheral community]. I said hi to him at Tim Horton's one day, and he had a kid with him. He said, 'don't you fucking say hi to me!' I was on drugs, skinny, and looked tough, but I didn't look non-human! I thought of that yesterday morning because I saw him talking to a woman downtown. All day it bothered me. And when he seen me yesterday morning, he didn't say hi or nothing. ID 98

Stigmatization dehumanizes people who use illicit substances and legitimates their discrimination. They are often met with vehement opposition and positioned as nonexistent and simply ignored.

Also, respondents disclosed that addiction and carceral stigmatizations made them vulnerable to being suspected of wrongdoing. One interviewee noted that being viewed as suspect happens “all

the time [in] Cape Breton.” Both stigmatizing subjectivities were said to invite suspicion onto participants:

[I am often suspected] because of my past, my criminal record. It happens a lot. ID 17

I got off work one time, but the neighbor’s house was broken into while I was at work, and they tried to blame me because they knew I was into drugs and stuff like that. The label is brutal. ID 19

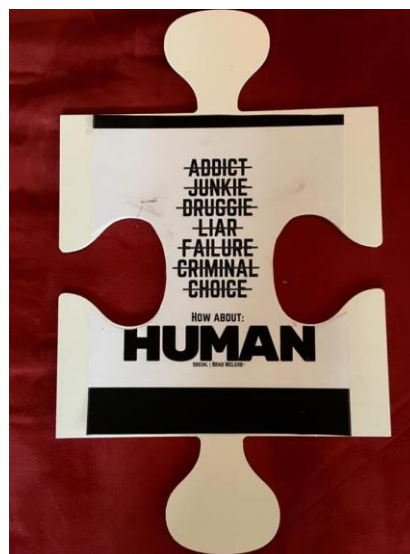
This heightened suspicion of wrongdoing is problematic because it could possibly increase interactions with the carceral state. Regardless of being suspected by community members who might attempt to involve police in accusations against reentrants, participants believed they were viewed as suspect by law enforcement:

Police. Being judged by the law. ID 48

I breach for something stupid and get 9 months in jail. [The police] suspect me because I got a criminal record. ID 23

Being suspected of wrongdoing by police could contribute to reincarceration. A criminal record likely enhances the chances of being policed in Cape Breton. The Cape Breton Regional Police is a statistically driven police force. This means that enforcement is targeted by analyzing previously compiled “crime data to identify any patterns and highlight the issues and the repeat offenders.” (Cape Breton Regional Police 2023). Therefore, reentrants cycling in-and-out of prison may face increased police scrutiny for their status as “repeat offenders” and be viewed as suspect.

Reentrants were dehumanized by being ignored, dismissed, and denigrated by fellow community members. Moreover, their stigmatizations were said to allow exclusion and isolation, which complicated reintegration and could even become a life and death situation.



Once Back on the Street:

Adjusting to Life on the Outside:

Upon release, reentrants experienced a period of adjustment as they became reacquainted with life outside of incarceration. It was acknowledged that jail had the potential to mentally alter people. Longer prison stays were said to increase the duration of adjustment. During this adjustment period, which was described as mentally arduous, reentrants conformed to new routines, ways of thinking, and living.

Incarceration, according to respondents, was a mentally difficult environment. Spending extended time incarcerated was greatly impactful. Respondents noted that incarceration altered them:

There's something about coming [to jail] that kind of changes you. You come in here and then when you leave, you are a totally different person. Depending on how much time you spend in here, it's just something that you get used to. Always looking over your shoulder. ID 35

My whole life I have had high anxiety...I don't mind one-on-one interaction, I can thrive. But, because I've done so much incarceration time, I think I have a disability. I feel very complacent and agitated in groups, uncomfortable. In order for me to feel normal, I consume drugs and alcohol. ID 105

For the above participant—who earlier claimed that solitary confinement enhanced his anxiety—he was traumatized from incarceration and used substances to cope, which clearly exemplifies how incarceration, substance dependency, and trauma are all connected. While any prison time was considered to have repercussions, longer stays were said to be more impactful. Respondents explained that it was difficult to adjust to life on the outside after spending long periods incarcerated:

It was kind of different being outta jail after seventeen or eighteen months. [It's] hard at first getting used to everything. [You're] used to being in here. ID 106

Just adjusting. That mindset. One or two months ain't bad, but when you have 4, 5, 6 months then it sucks ID 26

Participants explained the post-carceral adjustment period as so difficult because life outside of prison was so radically different than life inside. They reported struggling to adapt to their new surroundings:

It's scary when you first get out because it's a whole new world. You're used to living one way and it's a whole different way. ID 72

Along with adapting to a new environment, participants noted that establishing post-carceral routines was also considered a difficult period of adjustment. As routines in prison were so fixed and rigid, the transition to fluid post-incarceration routines were challenging:

Just getting into the swing of things after being incarcerated for a while. Just getting back to the regular routine of whatever. ID 85

You get into a routine...You have to do your own thing. You're used to things being done for you. ID 107

Getting back into a routine. You have got to kinda do everything for yourself. ID 63

The difficulty of establishing post-release routines after enduring the independence limiting, regimented life of prison is unsurprising. Prison, a total institution, is administered by a single authority, has a population participating in daily, strictly structured activities in-concert, and these activities are brought under a single strategy to fulfill the objective of the institution (Goffman 1961: 2009: 6). Therefore, it is likely that reentrants, especially those incarcerated for long periods, become institutionalized to prison and find it difficult to adjust to life outside this stringent institutional order. Participants went through a difficult reentry transition and found daily tasks onerous:

It's hard to get used to the simplest things like toilet seats, regular utensils, or even dealing with people on a regular, personal level. You got to start all over again. It takes months to get back into things, and that's just walking down the street or just being able to use the washroom on your own. ID 84

Even going to the grocery store and stuff like that would be weird. [You're] just so used to being in [jail] and everything is done for you. [You] get out there, it's just different. ID 106

Beyond adjusting to day-to-day tasks, reentrants acknowledged that release from jail was mentally strenuous. Respondents explained that they were unable to deal with emotional problems when incarcerated:

I find [jail] changed me. If you stay in for a year and then get out, especially the emotional side. In here your emotions are so compressed. You don't show any emotion. The only emotion you show is frustration. Then when you get out of jail, it all hits you at once. You self-medicate. Especially if someone is dealing with a death in the family or relationship problems—you can't go out on the range and bitch and cry about it, you just got to man up. ID 8

The inability to process the emotions that come from the end of a life or relationship could greatly impact mental wellbeing upon-release. As the respondent explained, when released, months of unprocessed emotions were simultaneously confronted. The burying of emotions—likely connected to dominant ideals of masculinity and often one's upbringing—can contribute to trauma, substance use, and the complication or impeding of reintegration.

Incarceration and reentry difficulties, by complicating the adjustment to post-release life, greatly impacted reentrants and likely hindered reintegration. It is important to consider the role of incarceration trauma and institutionalization on the reentrant during reintegration. Newly

acquired carceral trauma may delay reentrant ability to rebuild their life as they are still shellshocked from incarceration and release.

Putting on a Front: Our Guard is Up!

The men often described living violent lives and regularly feeling threatened. To survive carceral experiences and life on the street, respondents were hypervigilant in guarding themselves from physical threats. They indicated that the traumatizing experience of incarceration contributed to their hypervigilance. This hypervigilant practice of guarding from violence was also deployed to protect from emotional threats. The men reported having trust issues with almost every relationship in their life.

The violent life of reentrants forced them to be guarded against the threats of others. Their life was described as:

Pretty rugged lifestyle. It's pretty rough. I don't trust no one. ID 19

Participants explained that their turbulent, violent life forced them to stand up for themselves or be taken advantage of. Quantified on the interval scale, the average rating for participants feeling they needed to stand up for themselves—with 1 as 'never' and 10 as 'always'—was 8.3. Furthermore, only 15 out of 107 respondents selected feeling the need to stand up for themselves as 5 or less. Those who did not stand up for themselves indicated being taken advantage of:

I'm taken advantage of all the time. Both [in jail and outside]. I don't like to stand up for myself. ID 107

Not standing up for oneself indicates that those unwilling to utilize violence will be victimized if they cannot avoid conflict. Creating a dangerous façade, however, was indicated as a successful practice to avoid being victimized. In this scenario, taking advantage of another reentrant was avoided if it could not be accurately predicted what they would do when physically threatened:

[People take advantage] every day. Always. People need to be a little bit afraid of you and one of the easiest ways is to keep them a little bit uncertain about you. If you knew me well, you would be far less inclined to be intimidated or afraid of me than if you didn't know me at all. Your imagination is going to take care of a lot of the work. ID 81

The need to put up a front, intimidate others, and keep guarded was said to develop during incarceration. Participants explained how carceral defensive practices impacted them:

Before I came [to jail], I didn't have to [keep my guard up] at all. Being in here changed it. My guard is always up now. Now I'm paranoid that it will probably follow me for a while after I'm released. ID 25

[My guard is up] all the time. The only time at Burnside my guard needed to go down was at lock up. Here [at the Cape Breton Correctional Facility] my guard never came down, and honestly, I'm exhausted. ID 10

As both respondents explained, their guard was always up, and this feeling was reflected in the interval scale data. The average respondent rating for how often they felt the need to keep their guard-up was 7.9. This ongoing mentality plus the internal chemical cocktail released from this stress-response (e.g., cortisol, adrenaline) is likely exhausting (Avery, Clauss, & Blackford 2016; Davis 2019). Therefore, the stress and exhaustion that comes from hypervigilance may complicate or compromise reentry.

Respondent hypervigilant practices were transferred from carceral institutions to the community upon release. Participant threat assessment existed in the abstract, where reentrants were mentally fearful of unknown threats, and in the concrete, where intimidation and violent altercations within jail could be continued in the community:

Just the mentality from jail. You never know when something is going to pop off or you'll get a shot in the head. It's like [your guard is up] for so many months or years and you get out [in the community] and you sort of feel the same way. You are in [jail] and you get into fights. [When] you get out of jail, you always think you are going to see somebody that it happened with in here and it's going to happen out there. ID 21.

Besides issues in jail that contribute to hypervigilance, threats in the community also caused reentrants to be intensely self-guarded. Being potentially victimized by violence or theft reinforced self-guarding:

I got a lot of problems with people around here. I always watch my back and over my shoulder. There are people who want to fight me and attack me and my brother. ID 82

If you have anything, people will rob you. You can't sleep or anything. People I hang around with, there is not too many who sleep through the night and not have to worry if someone is in your bag, rooting through your stuff...It's really hard that way ID 84

Respondents explained that keeping their guard-up developed out of their previous traumas. As reentrants were traumatized and developed hypervigilant defenses against physical threats, they often used these same defenses to guard against being emotionally harmed. Participants expressed keeping guarded toward personal relationships because of being hurt in the past:

I never let my guard down. I did a few times and got my heart broken, abused, mentally abused—so, I try not to let it down at all. Better safe than sorry. ID 67

Every time I let my guard down, somebody fucks me over. Every time. Always expect the worst to [happen] because then when it happens, it doesn't affect you. You knew it was coming. ID 52

Furthermore, respondents explained that they had trust issues when it came to personal relationships. Like the façade of intimidation described above, reentrants would not allow those close to them to truly understand who they were:

[My guard is] always [up]...I got big walls up. Even the buddies I'm close with now, for them to get to know me, I got a hard shell to get through... [I do this] to protect myself

[because of] things I have been through in the past. [I] can't really trust too many people. ID 15

By keeping their guard up and not allowing people to get close, reentrants defended against emotional pain. These defensive efforts likely developed out of years of trauma stemming from difficult childhoods, grief and loss, incarceration, criminalization, stigmatization, etc. Respondents have accumulated such excessive and intensive traumas that they try to prevent future harm by keeping people at bay and limiting what they reveal. Sadly, social connections are a known protective factor—one that these men might be isolated from.



Probation and its Implications

The men considered probation as one of their most significant reentry challenges. They had issues with conditions such as curfews, no contact orders, abstaining from alcohol and drugs, and having to report to a probation officer. Probation orders and bail or release conditions were viewed as onerous and setting reentrants up for a return to incarceration. Respondents questioned the legitimacy of extending carceral controls over reentrants in the community.

Participants strongly conveyed opposition to systems of bail and probation. They expressed that probation conditions were frustrating, burdensome, made their lives more difficult, and disrupted reintegration:

Probation is a headache. They give you too many [conditions]. You get overwhelmed. Many people can't finish because they are overwhelmed, and they can't do it. ID 17

Breaching and being reincarcerated were the overarching issues reentrants had with conditions, but there were also more nuanced complications. For instance, respondents disliked having to follow a curfew:

Curfew was the biggest thing to me. I can't stand a curfew. I just want to be able to get up and go to the store, I don't want to have to wait until 7 AM. ID 61

It was hard to meet conditions. Like, 7 PM to 7 AM [curfew]. That's hard if you work in the woods. [I got] in trouble. ID 14

Like curfews, respondents had issues with the condition to not have contact with criminals. Reentrants were expected to avoid those with criminal records, but this complicated reentry:

They put me on conditions and one of my conditions is to stay away from people with criminal records and lots of people in my family have records. How can I visit my family without getting arrested? ID 23

I was only allowed to be around certain person's and that's hard when my whole family are criminals. ID 90

The condition to stay away from people with criminal records appears counterproductive when considering that family and friends of reentrants are their main post-release supports. Distancing reentrants from support networks likely hinders reintegration. A similar conclusion was drawn when respondents discussed the condition to abstain from alcohol and drugs. They explained that this was difficult for persons dependent on these substances:

Abstain from alcohol, [I] broke that...It was difficult, especially when you've never experienced that before and you're an adult...And if you have a [alcohol] problem, it's hard. ID 85

With active addiction, I'm an opioid user, [It's] hard—[the] struggle is real. For a quick [probation] meeting it became the end of the world. Don't want to show up high or sick, worry about getting breached. [It can be] tricky [and] difficult. ID 104

Reentrants dependent on substances could not simply refrain from use because the state insisted. Moreover, like isolating people from support, sanctioning reentrants for using substances they are dependent on seems to be counterproductive. As previously established, trauma, substance use, and incarceration are all intertwined. Therefore, conditions to abstain from alcohol and drugs are non-sensical because reentrants will continue substance use to deal with carceral trauma, but in doing so, reincarceration may be triggered and the process will repeat.

Additionally, the inconvenience of probation meetings was noted as problematic. Reentrants struggled to maintain employment while realizing the requirements of probation:

[My probation officer] was asking me, 'what's a good time for you once a week to meet us?' And, I'd say, 'after 5.' And, they'd be like, 'we shut down at 4:30.' So, I was like, 'well, what do you want me to do? Take a half-day off work to come see you for 20 minutes, say hi and sign a card?' It's ridiculous. ID 37

I used to miss my probation meetings because I didn't want to miss two hours a day just to say, 'hey, I'm here, bye. I just missed a whole day's work because you want to see me for two seconds.' Like me, I just don't like that. And that's another reason why I got charged a couple of times, because I'd forgot all about it. ID 50

When reentrants are reincarcerated for breaching curfew, no criminal contact, and abstaining conditions, or for failing to attend probation meetings, the state essentially charges them for committing otherwise legal activities. In these instances, no crime is committed, rather, reentrants fail to adhere to newly acquired behavioral restrictions. Over the past two decades, charging people for failure to comply has more than doubled in Canada¹⁴ and Nova Scotia.¹⁵ These increases give credence to the argument that the criminal justice system manufactures its own crime (Webster 2015: 8).

Participant experiences with the compiling of administration of justice offenses reflects a state manufacturing crime and punishment. Reentrants remained connected to carceral controls outside prison through breaches of conditions. Even if the person had not committed new crimes, breaching conditions added up and triggered reincarceration:

I have a problem with breaches. It's been years since I have actually gotten into trouble. But it is breaches that keep bringing me back [to jail]. Two pages full [of conditions that have been breached] ...That's what I got 9 months for, right now, is four breaches ID 23

Furthermore, multiple breaches can accumulate for a single infraction. Reentrants on multiple probation orders explained how easily breaching conditions can add up:

I'm on more than one probation order, so, if I breach my curfew once, I'm getting like 4 breaches. And then they will sting you with failure to keep the peace, the curfew, that's double. So, that's two breaches, but I got three orders, so that's like 6 breaches. It's crazy, It's hard. ID 59

Say you have to go to court, and you get a promise to appear, and you are also on probation. Most of the people I know have criminal records, and when you are on these conditions you can't hang around with anyone that has a criminal record. If I am on a promise to appear, court order, and probation, sometimes I can get charged for the same thing three different times. ID 84

The men argued that the accumulation of breaches, reconstructed as crime, with the potential to enable reincarceration was a purposeful criminal justice effort. They suggested being unable to meet the terms of probation orders or release conditions because the criminal justice system was setting them up to fail so that they could be reincarcerated. Respondents explained that release conditions tethered them to carceral institutions and primed them for return:

¹⁴ From 1998 to 2013, the percentage of all people charged by the police in which the most serious offence in the incident was failure to comply with a court order increased from 6.1 percent to 13.1 percent (Webster 2015: 8)

¹⁵ In Nova Scotia, from 2005- 06 to 2015- 16, remand admissions increased from 1,767 to 2,989—reversing the composition of the prison population from 58 percent sentenced and 42 percent remanded in 2005- 06 to 58 percent remanded and 42 percent sentenced in 2015- 16. The ten- year remand increase was partially driven by an increase in administration of justice offences from 337 to 859 over the same period (Nova Scotia Department of Justice 2018: 14; 13; 25). Concerningly, the reversal of the Nova Scotia prison population has continued shifting from sentenced to remanded inmates: by 2021-2022 the population breakdown was 19 percent sentenced and 76 percent remanded (4 percent represent other statuses) (Statistics Canada 2023b).

The probation is a little bit...I find they do a lot of it to set you up. They put on all these conditions, and they know you're going to breach it at some point, and they throw you back in jail again. ID 50

They set terms they know you are going to breach. [It's] a revolving door—once you get put in the system, you don't get out of the system...The structured environment they want you to live by is ridiculous. ID 105

The experience of participants with probation, conditions, and breaches suggests that Nova Scotia has criminalized marginalized people and trapped them within an incarceration cycle that maintains punishment and regulation of their lives outside of prison. Their statements reflect findings of a recent study into Canada's bail system and the use of pre-trial incarceration:

[Canada's] bail system...disproportionately penalizes—and frequently criminalizes—poverty, addiction, and mental illness. Canadian bail courts regularly impose abstinence requirements on those addicted to alcohol or drugs, residency conditions on the homeless, strict check-in requirements in difficult to access locations, no-contact conditions between family members, and rigid curfews that interfere with employment and daily life. Numerous and restrictive conditions, imposed for considerable periods of time, are setting people up to fail—and failing to comply with a bail condition is a criminal offence, even if the underlying behavior is not otherwise a crime (Deshman and Myers 2014: 1).

Respondents believed that myriad difficulties associated with carceral controls in the community were unfair. They disagreed with extending punishment to the community and desired to live without carceral restrictions:

I just feel [that probation] presents hardship on a person... They're telling me I can't do [specific things] ...I gotta go see this person [regularly], and they're telling me I have to do this, and I have to do that, when I already did my time. I just don't think that's right. ID 51

When I'm out, I don't want to think of [probation]. I just want to move on with my life...Work and life and paying bills and my kids, that's on my mind. Going to see a probation appointment is not. I wanna put that behind me, so I found it was very hard for me. ID 50

Participants believed it was unfair to extend carceral controls to the community, and that incarceration should suffice for punishing law breaking. Ultimately, they disagreed with these policies and felt that arduous probation requirements and conditions of bail/release positioned them for reincarceration.

What Helps?

When the men were questioned about what was helpful after release, they explained that opioid agonist therapy (OAT), welfare state services, and relationships with family and friends all helped. Relationships with family, however, seemed to be the most significant support.

Nonetheless, respondents explained that they often lacked any support and felt as if they were on their own and had nowhere to turn. They explained that supports were lacking in the community and this related to reincarceration:

No! Not much help, housing, or anything that betters people here...lacking in that category ID 23

Naw—Not really. I ended up right back [in jail]. [My release] didn't last long this time. ID 103

Although there were few supports in the community, the men still reported assistance from specific programs and family. This section documents what was helpful for the men.

The Role of Methadone and Suboxone

Methadone and suboxone were characterized in two ways. On one hand, opioid agonist therapy was viewed positively as assisting with ceasing substance use, and on the other, it was perceived as medicalizing substance dependency. Additionally, even when the program was viewed positively, the delivery of these medications was problematized for being stigmatizing, inconvenient, and work disrupting.

Respondents explained that methadone and suboxone were helpful: “the methadone, period, was helpful.” The disruption of incarceration with opioid agonist therapy was discussed in the substance dependency section of this report. Participants explained that methadone was helpful in ceasing drug use:

[Methadone] is keeping me away from the primary drugs that I want to stay away from. I haven't even thought of them really. ID 98

I'm on methadone now. From the ORP program. I gotta say, it works awesome. ID 72

Beyond working well for ceasing use, the ORP program was described as a nonjudgmental service that cared about the people they served. Respondents explained the environment of ORP:

Every time I went there, I felt like they weren't looking down on me, like in most other places...They made me feel like I was a person. I really liked it. ID 51

Methadone maintenance people, they care. It actually seems like they care, right. They want to help you and they're nice people. ID 60

Other opinions of opioid agonist therapy, however, regarded the service negatively and equated it to the demands of illicit substance dependency. Respondents noted the similarities:

[Methadone] helps but it's hard to come off. Not all doctors like to take you off it once you are on it. It's like liquid handcuffs. They got ya hooked. Like having dope, but you go to the pharmacy to pick it up. Same as being on dope, you are attached to dope, and if you don't get methadone, you are sick. And it's even worse than dope sick. ID 26

Regardless of viewing opioid agonist therapy (OAT) positively or negatively, participants agreed that the way the service delivered medication was problematic. Most OAT patients, due to their stigmatized addiction identity, are restricted from self-regulating methadone or suboxone consumption, and must make daily pharmacy visits to receive each dose. Respondents explained how they were differentiated and treated poorly during these visits:

When you are on suboxone or methadone, you are treated differently—another line to go to. They keep you under surveillance while you are given medications. ID 105

One pharmacist at [a local pharmacy], she looked down on us. She would say, 'we don't dispense methadone before 10 O'clock.' I could walk in there at 2 minutes to 10, and I wasn't allowed to sit in the waiting room. I had to leave [because], 'The methadone people steal stuff.' ID 51

Differentiating people receiving a daily methadone dose from other pharmacy customers stigmatizes them with the trappings of the double stigmatization discussed earlier. Mainly, participants were perceived as untrustworthy, criminal drug users who require surveillance and limited access to retail pharmacy outlets to prevent further deviance. While respondents disliked the way they were treated during pharmacy visits, they also acknowledged that daily medication delivery was inconvenient and disrupted employment:

I don't like having to go there every day. I'd rather have my carries¹⁶ and be home to do it. The going's a pain in the ass. ID 50

I worked out west for a long time, but I can't go back out now because of the methadone. They won't give you methadone for carries to go out there for two weeks, three weeks at a time. I can't walk away from the methadone because I'd be deadly sick. ID 72

The daily delivery schedule for OAT—people receive methadone and suboxone in groups at scheduled times—complicates partaking in employment or education because life must be scheduled around this dose. Respondents were essentially tethered to their pharmacy and found it difficult to coordinate employment with the restrictions of OAT delivery.

Another issue respondents had with ORP was the slow, bureaucratic nature of service access. They desired quick program access and described long wait times as placing them in a compromised position:

The process of getting on it is a real long process. Takes months. The day you see the doctor, really, [you] should get it right away. You could be dead. There is a waiting list. ID 23

¹⁶ Carries is a slang term for having a self-regulated supply of prescription drugs

I think they should revamp their methadone program. When you go to seek methadone help, you should be put on that day. You could be dead in two hours. You're in there looking for help and then they put on a wait list. There must be a way to get you immediately on it. Follow the example of Ontario and British Columbia and other places where it's actually working because it's not working here. ID 69

Like mental health, healthcare, and other substance dependency services, respondents wanted quick, easy access to OAT. Participants who described faster access still complained that it was difficult and frustrating to wait on call backs or to repeatedly contact ORP. As in other instances, reentrants indicated the importance of same-day program access.

Ultimately, ORP was viewed, by respondents positively. On the interval scale, the average rating was 7.25., It is worth recalling that in the substance dependency section, OAT was described as having the potential to disrupt incarceration. Therefore, for reentrants who wish to interrupt or cease opioid use, readily available, low threshold OAT is integral for assisting their reintegration.

Helpful Services:

The men described helpful services as judgement-free places of acceptance where workers cared to listen to and assist with their needs. They acknowledged having positive experiences with specific services and workers in the past. The Ally Centre of Cape Breton, however, was identified as one of the more helpful supports in the community.

Respondents explained that helpful services should be low-threshold, flexible, and comprehensive. They described receiving help from different programs in the past:

There should be more programs and more people to help you. People wouldn't be so discouraged and on edge when they get out. Out west they have Labour Ready and a guy picks you up and you get paid for the day. Everybody should be helping everybody. Give [people] a chance. I know sometimes you give someone a chance and they fuck up. Oh well, maybe they can try over again. People need chances. A way to make money for the day instead of going out and stealing it. ID 79

Cognitive Living Skills was the best program I've ever taken. It gets you to be aware of your problems before they become too big, so that way you can settle them...And it was an extensive program, it was 2 or 3 hours every week for 20 weeks, but everybody in the program participated well. ID 52

These quotes revealed that reentry programs should be long-term, (re)accessible, inclusive, allow for meaningful participation, and directly assist with basic needs. Moreover, respondents explained that there was a lack of reentry programs to prepare them for post-release life. They acknowledged the need for expanding reentry services in prison and the community to allow for smoother reentry. The men pointed out that future programs should be coordinated to link reentrants to community supports. Some men recalled that being introduced to certain community workers and programs while 'still inside' helped create a better connection that could continue once outside.

It was also acknowledged that receiving meaningful help from a service was heavily dependent on maintaining a positive worker/client relationship. Participants believed that these relationships were highly influential on the assistance they received, and that if they were lucky enough to have a “good worker,” they would benefit.

Respondents often applied this idea of a “good worker” when they conceptualized how services could be more helpful. In this case, however, the “good worker” becomes the trusted worker: an easily accessible, compassionate person who cares about reentrants, and is willing to seriously discuss, one-on-one, their struggles. Genuine supportive communication was prioritized in these relationships:

[Reentrants] might have something they want to discuss but with the right person, not just anyone. Some people just keep on doing what they are doing, and they end up back in jail or in trouble again. They should have places to really talk, not just someone that is going to say, ‘okay, yeah, yeah, come back on the 22nd’. I just find there is not enough people out there who care for people. ID 79

The trusted worker was a person who reentrants could be candid with and not worry about judgement, exclusion, or suffering repercussions. While this worker was conceptualized as part of some future program to assist reentry, respondents did report having people in their lives that served this role. One respondent described a close, beneficial relationship with a counsellor:

This woman generally cared about me. I poured my heart out. I have a hard time really explaining what I have going on inside to anybody. I could feel great by venting. I don’t always have to act a certain way. I could go in and tell her anything I wanted to. She was so cool. I never had anybody I could go to like that...She would get right to the root. I felt like finally I have someone to help lift the problems. ID 105

Establishing trusting relationships with mental health professionals may be a key aspect of reentry. These relationships, however, for the reentrant, must be based on being comfortable enough to candidly disclose emotional traumas and still feel supported, even if their problems fall outside of socially accepted bounds. Participants also expressed benefitting from relationships and one-on-one interactions with counsellors, doctors, and social workers. Having a trusted worker to communicate struggles with, even outside of mental health professions, appears beneficial for reintegration. Workers and the atmosphere at the Ally Centre of Cape Breton were noted as particularly supportive in this area:

Just being able to come [to Ally Centre] and talk. I would have been [reincarcerated] long ago if I hadn’t found this place. It was coming in and everybody saying hi and the workers listen to you, and they actually help you. If this place were shut down for any reason, Sydney would go to shit. There’s people come in here who are going to snap and [the staff] drop everything and talk to them. Even if I’m not here for a month, I have issues out there, I know I have somebody I can talk to. They’ll pull me right in and talk to me. It helps you cope. ID 90

The accessibility of Ally Centre workers for spur of the moment, supportive conversations was highly regarded by participants. Respondents juxtaposed Ally Centre support with other welfare state supports:

People are listening. The [Ally Centre workers] are taking time to listen and actually give you feedback. If you do ask a question, they are willing to sit and talk. You don't get that nowhere else anymore. And if you do, you are on a half-hour schedule or an hour schedule, and 9 out of 10 times that person who is listening won't remember you anyway. I come [to Ally Centre] they know me. I know them, and I feel comfortable to sit down and talk to them where it is very hard to do that anywhere else. I mean that because I tried a lot of things over my lifetime...this place works. ID 99

The low-threshold support provided by the Ally Centre made the service desirable to respondents. They appreciated the informal, drop-in accessibility of workers who they had previously established trusting relationships with. Other welfare state services, meanwhile, were perceived as rigidly structured, with limited access to workers, and impersonal appointment interactions. On the other hand, the accessibility of harm reduction workers likely allowed for clients to slowly become acquainted and comfortable enough to speak with them about personal problems or to ask for assistance. These qualities strengthened reentrant relationships to the Ally Centre, but possibly most important is that the organization is perceived by reentrants as a safe space for marginalized people:

The people here, by and large, genuinely care. I walk in and it's like coming to Cheers. No judgement of any kind. Being a drug addict carries with it its own stigma. I've lived with severe mental illness most of my life, and I've worked in fields related to mental illness and with mentally ill people. I know what that shit is all about and how hard it is to cope with. The person is less likely to avail themselves to services if they think they will be crapped on. In here it's just a very welcoming, accepting environment.

The Ally Centre has service characteristics that are helpful to reentrants. The organization was legitimated by participants and received an average rating of 9 on the interval scale. Therefore, the Ally Centre may offer insight for creating helpful services for reentrants. To increase the inclusion of reentrants, other welfare services could further adopt non-judgmental practices and attempt to forge closer, trusting relationships with the formerly incarcerated.

Support and Relationships:

The men highlighted the support of family and friends as the most significant help in the post-release environment. These supports were considered incredibly important because without them reentrants would have no one and be on their own.

It was acknowledged that for the most part, post-release support was obtained by reentrants independently in their own social circles. As the carceral system and welfare state were considered non-supportive, reentrants were forced to seek help from family and friends:

I guess there are certain friends that do kind of help me stay out of trouble. But nothing from [corrections staff] or the judges, nothing they do really helps me. Just resources that I kind of have on my own. ID 59

Other than my parents, not really. No, no one helps you really. You're on your own, you're pretty much on your own...The system help me? No, there's no help there. They don't care. ID 86

The support of family and friends greatly improved the outcomes for reentrants. They explained that without these relationships they would be in much different social situations:

Mainly family support. Not everybody has that, but I'm grateful to have tough and unconditional love. If I didn't have that, my answers to your questions would be a lot different. ID 104

My family. That's the only thing I can really say [helped me] was my family. If I never had my family, I'd probably be like a lot of other people, homeless and never had nothing. ID 51

While personal relationships with family and friends were considered the most supportive connections in the post-release environment, these relationships can be vulnerable and certainly not guaranteed. The dual stigmatization of reentrants as well as unacceptable behavior relating to family and friends can disrupt these relationships. Respondents were excluded from their former supportive relationships with family and friends:

I stayed with friends and family before, but I burned all my bridges—somehow, I have no one. ID 19

Respondents who lost their connection with supportive relationships were vulnerable to reincarceration. As they lacked post-release support, they would often return to jail:

When my mom was alive, she helped me get medical care. She died when I was 17. I'm 26 now. Basically, I've been in jail since then. I don't know how to go about [getting help]. ID 103

Ultimately, participants depended on, more than any other assistance, the support of family and friends. Reintegration appears more difficult for reentrants who lack the personal support of family or friends. As kinship connections are so important to reintegration, it would be worthwhile to strengthen, and in some cases mend, these ties through interventions in both carceral institutions and the post-release environment.

Men's Ideas for Solutions

The men were asked about what they might do to make things easier for people being released from prison. To not limit responses to the question, the men were asked to imagine that they were “in charge” and could create new or change any existing policy. The men had many ideas for crafting new services and modifying existing ones. They spoke about a plethora of services they felt should be initiated or altered, including:

Coordinated Access, Counselling, Education, Employment, Housing, Half-Way Houses, Income, Post-Release Clothing, Post-Release Prescriptions, Reentry/Reintegration, Start-Up Funds, Substance Dependency, and Transportation.

Most of the men's conceptions, however, highlighted their need for housing, employment, and income. Furthermore, they acknowledged that post-release programs were limited, not working, and related to reincarceration:

Might help put together a good program because right now there is nothing and we need something. But that something has to work. That support network, if it's similar to the ones in the past, a little mish mash of this and that put together. Well, it didn't work before, then why do it again? It's got to be something, or this jail is going to stay full. ID 57

When discussing housing, the men explained that people are not reentering to stable housing situations. The men commonly spoke about having “nowhere to go” after release. Failing to secure reentry housing was identified as a reintegration problem:

You know, to me, we are failing society because a lot of [reentrants] are out and back in because they have no place else to go. We as a society are failing these people because they are not getting the help they need. ID 39

Respondents believed that they needed more housing options upon release. They would offer reentrants post-release shelter:

For people who don't have families and places to go, I'd offer more places to go. ID 12

I'd probably make sure everyone had a place to go. ID 19

Participants also explained that securing shelter was complicated by a lack of housing and their exclusion from the market. Increasing housing navigation and building more dwellings were offered as solutions:

More programs to help people get places—build more places. Every month or so they are tearing a building or apartment down. Start building more houses and apartments. ID 18

In addition to building more housing for reentrants, interviewees conceptualized reentry programs that would provide a transitional space between incarceration and community. These

programs were envisioned as new arrangements and were unrelated to existing programs such as half-way houses. While some respondents advocated reentry support programs that provided a safe space and reintegration assistance, others supported transitional living spaces:

I would open a farm. People coming out have no place to go and there's many of them...They're going to be coming right back [to jail]. So, I'd have a place where you could build a bridge between jail and society. A place to get settled, be back in society, and get to know family again. ID 57

I'd try to get them back on their feet. And I would make sure that the government, my opinion, [provides] the funding to build an apartment building just for people who are [reintegrating]. Just a place [to stay] until they get jobs, get back on their feet. Don't be living out in the street. If you live on the street, you're going to get in shit again. ID 87

Reentrants believed that transitional living spaces could assist reintegration and help break the incarceration cycle. As discussed previously, institutionalization greatly impacts reentrants, so a transitional space, especially if accompanied with wrap around social and health services, would likely improve reintegration and reduce recidivism. Furthermore, transitional living spaces, by providing post-release shelter, would afford reentrants with a foundational block of reentry, safe and secure housing.

The men desired employment and felt that it was central to reintegration. Like housing, respondents described a need for new services and programs to mitigate the difficulties they faced in the labour market. A commonality to these responses was that jobs need to be provided upon release. This assertion runs contrary to current post-release labour market services that improve the employability of reentrants but fail to link them with employment. Reentrants, with years of carceral and reentry experience, acknowledged that the current post-release labour market arrangements are not working because they have been unable to procure employment. Therefore, post-release labour market services might improve if they recognized the service suggestions of reentrants. Respondents conceptualized new employment services to improve reintegration, and reduce recidivism by providing jobs upon release:

I'd have programs for people that instantly gets them a job when they're released. ID 48

I'd offer more help for people when they get released. Help them with work and jobs...You can't just go out and get a job. It's not that easy to get a job, especially if you've got a record. Good luck getting a job. And what are you going to do, re-offend again? You've got to support your family somehow. Jobs. Every inmate should get out and be put to work. Just go make some money. I think a lot of people would stay out of [jail] if right away they got to work. ID 50

The precarious economic situation of reentrants places them in a vulnerable position where they immediately need money upon release to survive. As the social safety net is limited and reentrants are excluded from employment, they are in a tough situation where they lack adequate funds to meet basic needs but are often unable to rectify this situation by independently procuring employment. Regardless of employment assistance, reentrants are not entering the

labour market. Accordingly, reentrants, upon release, need to be linked with employers who are willing to employ them. As these employers currently appear to be in short supply, new programs need establishing to reduce the gulf between employers and reentrants and enable reentrant employment. Participants described how services in carceral institutions should link with employers on the outside to coordinate employment:

They should have jobs lined up for [reentrants] before they're even released, like two or three months before. They should talk to people in the community who hire criminals. 'Okay, you're getting [released], when can you start work? Okay, we'll give you a week to adjust to society, then you start work, and you'll have money, so you don't have to go rob something or somebody.' ID 90

Respondents also noted that this process needs flexibility and creativity to ensure that reentrants are employed. The current employment market is rigid and people who fail to live up to its expectations will not gain employment. Reentrants often struggle to meet these expectations and have difficulty obtaining and maintaining employment. Therefore, there needs to be changes with current employers as well as the creation of new employers who employ people to do non-market based, unskilled labour. Participants described how a service like this would provide employment for the benefit of the reentrant:

A job program. Help people be a positive person in the community. Even simple jobs—cleaning ditches. Something to help people get on their feet. A lot of people in [jail] for thefts trying to support their habit. ID 8

A job program, as described above, would require public funds as non-market jobs such as cleaning ditches is unlikely to generate profit. The private sector will likely need to be incentivized to participate in a program that instead of maximizing capital accumulation, attempts to enable reintegration and reduce poverty. Regardless of the program existing in the private or public sector, it will need to deploy trauma informed and harm reduction practices. Mental health difficulties and substance dependency are often barriers to employment, so a jobs program will need to be flexible, understanding, and assisting to reentrants. In the words of ID 79: “Give [people] a chance. I know sometimes you give someone a chance and they fuck up. Oh well, maybe they can try over again. People need chances.”

Respondents also advocated for improving income assistance access and incomes as a necessity because of a dire need for post-release money. Firstly, they argued that post-release start-up money would mitigate a portion of their difficult social circumstances:

I would make sure that welfare gets [reentrants] money as soon as they get out. Some places you get \$500 when you're released, and everybody's entitled to that. I think that's what we should get that here too. Some people get out with no clothes, nothing. You lose everything when you go to jail. ID 58

Post-release funding helps reentrants to rebuild their lives in the initial days after release. Having lost possessions and housing, and potentially having difficulty with quickly procuring income assistance, reentrants would greatly benefit from receiving income when discharged from jail.

Income upon release would partially alleviate any income assistance bureaucratic barriers that are faced in the days following release.

Additionally, respondents argued that they needed improved services from income assistance. Due to stigmatizations, maintaining access to post-release income assistance was difficult:

Better access to social assistance...Especially community services not thinking that it's coming out of their own personal pockets. Because that's what most [reentrants] get when we go there, and it doesn't make us want to go back there no more. It's easier to get [your] first cheque, buy some dope and then go [sell it]. It seems very degrading when you're walking into [community services]. ID 51

Destigmatizing income assistance will improve reentrant connections to the program. While participants desired better program linkages, they also asserted that benefits should be increased. This was a common argument as respondents believed income assistance rates were too low and increased benefits would aid reintegration:

[I] support a living allowance to help [reentrants] get back into society and cope with situations they have been through. ID 46

A living allowance, more commonly referred to as a universal basic income, would assist reintegration by alleviating much of the economic stress reentrants experience. Providing relief from arduous economic circumstance would allow reentrants to focus on dealing with myriad other post-release difficulties.

In addition to the main concerns of housing, employment, and income, respondents advocated reentry services in prison, coordinated access programs, and having the assistance of a trusted worker. These services were conceptualized as assisting with the three main concerns as well as other reentry issues.

Pre-planning the reentry process while incarcerated was characterized as an important step to reintegration. The men believed that pre-release programs could assist with reentry and accessing post-release services in the community:

There needs to be more programs inside, I think, that somehow sets you up better for getting out. There needs to be more focus on getting a job, and better rehab [programs] in [jail]. ID 86

I'd probably make it easier for them. I'd probably sit them down for a month before they get released. Try to find them housing and get them back on their feet slowly. A roof over your head is a start. Also, guide them into the right directions like meetings, and do this, do that. I wish someone was like that to me when I got released. ID 89

Respondents noted that pre-planning release was important because they often lacked knowledge of what services were available in the community and how to access them. Receiving information about contacting and using welfare state services was considered helpful:

A list for housing, income assistance. A list for each [service] with numbers, [worker] names, and a description on what to do, how to approach it, how to ask, how to go through it, information on each scenario—housing, income, counselling, rehab, whatever. 'You are being released, here you go.' ID 16

Disseminating information regarding state services is worthwhile, but this effort would be more impactful if it was coupled with pre-release programs to directly arrange basic needs such as housing or income. Also, like pre-release programs, coordinated access post-release reentry programs were desired to assist with basic needs:

I would like to have [a program where you could] get off the bus, go there... [and show them] a release paper. Them say, 'listen here, we'll give you \$400, and we've got some apartments lined up here to get you set up for that. And then we'll get you in for welfare, or they could have a welfare worker. ID 52

Participants often described coordinated access programs that would simultaneously assist with various social needs. As they had a plethora of reentry needs, they indicated it would be advantageous to house multiple services in one location. Integrating services under one agency would reduce barriers for reentrants who currently must pass through a different bureaucracy for each need.

The assistance of a trusted worker was also considered an important reentry support. Respondents noted that in addition to meeting their pressing social needs, a trusted worker would assist by providing mental health support:

Many guys act macho but assign them somebody to talk to so they can get off their chest what is bothering them and get to the core [of problems]. [I] guarantee it will work for some. ID 105

I would make sure whatever was going on with them, [they] wouldn't hesitate to come talk with [a worker]. [A worker who is] not going to charge you or put you in jail. But...to help you. That's it! Not a hard time, just here to help. So, if [that is made] clear, usually they will come. ID 99

Interviewees desired programs to provide workers for emotionally assisting them through reentry. Reentrants, however, must trust these workers enough that they can maintain a supportive connection, even while disclosing difficult, potentially illicit social realities.

2022 Update:

As more than four years had passed since original data collection, it was prudent to hold a focus group with 5 formerly incarcerated men to assess preliminary results and discuss changes that have taken place in incarceration settings but also in welfare services, communities, and neighborhoods. This focus group informed that preliminary results remained accurate, and that the conditions of the post-release environment had deteriorated over the past four years. The

focus group protocol was approved by CBU ethics and consisted of 10 questions including one that asked about the impacts of COVID on the carceral system.

When the men were asked about reentry, they described being trapped in an incarceration cycle. They acknowledged difficulties stemming from limited social supports and institutionalization:

There is nothing in place for you when you get out. It takes two weeks to get used to the rest of the world and how it operates. The chances of failure, from what I know, people go back and forth, and chances of success are very limited. ID 109

The focus group agreed that they did not experience reintegration and remained ripe for further carceral intervention. They believed their criminalization was a purposeful effort to return them to carceral institutions:

They set you up for failure. If 100 guys got out, I'm pretty sure 75 would be back. ID 108

The men were asked why they thought three quarters of reentrants were being reincarcerated. They explained that social problems—“homelessness [and] drug addiction”—contributed to recidivism. Breaching probation or release conditions, however, was noted as the main contributor to reincarceration:

Breaches are an excuse to keep you in the system. ID 111

They charge you and let you go, charge you and let you go. So, when you do finally get to court, you got 10 breaches that came from the original [charge]. Then you got to make a deal with your lawyer, make a deal with the prosecutor about how much time they want to give you for 10 breaches, when it only came out of the one [charge]. ID 108

Accumulating breaches was viewed by the men as a justice system tactic to create criminal charges and prison sentences from various behavioral infractions. One man recalled his friend potentially facing a long prison sentence from repeated alcohol breaches. Also, the condition to not associate with people who have criminal records was referenced as creating unnecessary difficulties:

[You're] not allowed around anybody with a criminal record. You might not even know [that the person you're standing with has a criminal record], but if a cop pulls up and says, 'we know you, and what are you doing with these guys?' They could breach you [for] talking to someone." ID 108

How are you supposed to be around people? Are you going to ask [everyone you meet], 'hey buddy, you got a criminal record?' It's only a small city. [It's] hard not to be around people with records [when you're] out walking around. ID 109

Like conditions, the commitment to maintaining regular contact with a probation officer was considered onerous. The men described how probation was impacted by their relationship with their probation officer:

You got probation and now you gotta report to your probation officer. It depends if [your probation officer] don't like you, or if you don't like him. Sometimes you don't want to go [see your probation officer] and that's a breach. ID 108

Besides probation and conditions trapping reentrants in the incarceration cycle, respondents indicated that the current housing crisis and a lack of family support were problematic. Homelessness and family estrangement complicated reentry:

Sometimes when you are homeless and you get out, you got nowhere to go. Some guys, they are not very tight with their families over all the problems. ID 108

[Being released is] overwhelming unless you have some stuff set up and you have support systems. A lot of people don't have that. I lost both my parents, and most people when you get in trouble, the first person you call is your parents. ID 110

Respondents repeatedly referenced housing as an essential for reentry, and they acknowledged that the housing situation in Cape Breton is dire and makes reintegration arduous. A limited housing market and increased rents made housing inaccessible for reentrants. Homelessness was reported as a reality for many: “my buddies are sleeping in tents,” “[it’s] tent city up there.” Moreover, the services to assist the homeless were largely viewed negatively. Participants noted feeling “unwelcome” at the homeless shelter and having conflict with the staff:

If you get to the homeless shelter—a lot of guys will tell you this—and they don't like you, they kick you out. So now you can't go to the homeless shelter, and you are on the fucking streets. I don't think there is anybody [working] there that is qualified to handle anybody that's homeless. They kind of treat you like you are a second-class citizen. ID 108

Some people are so fed up with the homeless shelter from being verbally abused by the staff that they won't go back ID 108

Housing navigation services were also perceived as failing to meet intended objectives. Respondents claimed that the Housing First program was largely symbolic:

They have the Housing First and it's just a joke, a pretend thing. An entity. It's another [program] that the government can say, 'oh yeah, look, [we] are helping.' ID 109

When questioned if they knew of any examples of housing programs that assisted reentrants, respondents noted programs in other jurisdictions. The programs described were much like the transitional living spaces described by the men in 2018:

They are starting in New Brunswick, and I think in Halifax they are starting some of that where a guy bought a building, like an old motel and then they renovate it. They turn the motel into bachelor apartments strictly for the homeless. ID 108

As reentrants, often homeless, are returning to a community in a housing crisis, the men pointed out that it is imperative to increase housing services. There was a sense, however, that social problems such as reentry housing are not a “priority” for provincial/federal government. Furthermore, the men believed that their housing market exclusion was exacerbated by landlords

who preferred renting to the growing population of international students attending CBU because they could increase rents.

The men were asked about carceral/reentry changes that occurred due to the Covid-19 pandemic, and they mainly informed about regulatory adjustments in provincial corrections. They recounted difficult, isolating stints in jail where emotions and suspicions ran high during Covid outbreaks:

If anyone got a cold, or coughed, or anything you'd be freaking out and panicked. Even more suspicious of people. You want them off the range. ID 112

Respondents explained that there was an effort to reduce the carceral population by releasing people early, but it was largely dependent on what they were charged for. One man was incarcerated twice during the pandemic, contracted Covid both times, and recalled the difficulty of being sick and locked down in a carceral facility. The men also claimed that the reduction in carceral populations did not translate into reducing the use of probation or release conditions.

To further capture potential changes since 2018, respondents were asked if they felt that the post-release environment was better or worse than it was four years ago. Unanimously, participants noted that conditions have become "Worse!" "100 percent worse!" ID 109 explained that the post-release environment has deteriorated in terms of services and material conditions:

The resources are limited more and more, all the time. ID 109

Places that used to be able to help are [no longer] able to...People I grew up with and their families are hurting and outside sleeping in the cold and there's no jobs, no place to live. ID 109

People can't even get groceries on cheque day because they have no home to put them in ID 109

People go back and forth to jail all winter cause they got no where else to go. You'll freeze to death. ID 109

Respondents were also questioned about what might be done to break the incarceration cycle. They acknowledged simply requiring further assistance and improved reentry services, possibly via a designated outreach worker or advocate:

There's got to be somebody out there getting something in place, especially for housing ID 108

Someone advocating for the less fortunate. ID 109

Likewise, when we asked respondents what they believed government leaders needed to hear, the men explained that they are not receiving the support needed for reintegration. Participants reported that state services are not providing help and housing needed to be addressed:

Our lives are already so fucking hard as it is, that there is no sense picking on us, victimizing us, stigmatizing us, and putting us in a corner where we can't even get help. The more we ask for help, the more we are shut down. ID 109

Housing is a big one! ID 108

Furthermore, when we asked the men who this report should be presented to, they acknowledged that it should make its way to high levels of the Nova Scotia government. Respondents suggested that the Ombudsman, Minister of Justice, and Premier, Tim Houston should receive this report.

Ultimately, this focus group confirmed the preliminary results of this report, and responses often mirrored the original data. The men claimed that the post-release environment had deteriorated over the past 4 years as reentry services retrenched and socio/economics, particularly housing accessibility, declined. Therefore, these men will remain trapped in the incarceration cycle—one respondent was reincarcerated shortly after participating—unless there are fundamental changes to criminal justice and social welfare institutions.

Conclusion

This report helped to illuminate the harsh realities of men leaving prison and reentering Cape Breton society. Incarcerated men in Cape Breton shared commonalities such as trauma, struggling with substance dependency, mental wellness, poverty, and they experienced difficulties with post-carceral adjustment and stigmatization. They faced barriers and challenges from the social welfare state, employment and rental markets, and the probation/bail regime.

Trauma is deeply engrained in the lives of formerly incarcerated men from childhood. These men, unfortunately, do not feel safe and secure growing-up as they are traumatized from abuse and violence in family homes, foster care, neighborhoods, and school. They further experience trauma from the absence of family members and growing up fast in circumstances abnormal for most children. In adulthood, trauma arises from incarceration, difficult social circumstances, and violence or the threat of violence.

Formerly incarcerated Cape Breton men commonly experience substance dependency, mental health issues, and poverty. There is an association between incarceration at the Cape Breton Correctional Facility and substance dependency. Reentrants are not receiving adequate assistance from the limited substance dependency services available in the community. Likewise, the myriad mental health issues experienced by formerly incarcerated men are not being addressed as they are alienated from a mental health system with long term wait times and professionals who fail to connect with and treat the roots of problems experienced by these men. Poverty, like substance dependency and mental health, is inadequately addressed by state resources, and reentrants are compelled, due to the high cost of living and their lack of income, to turn to the underground economy for support.

Concerningly, the lack of supports for substance dependency, mental health, and poverty have created the situation where reentrants are purposely pursuing reincarceration to receive health and socio/economic support in jail. The Cape Breton Correctional Facility provides meals, shelter, and indirectly administers a space to interrupt or cease substance use (detox). These meager carceral supports are seemingly desired because non- discriminatory, non-carceral

supportive spaces that feed and house formerly incarcerated people who are struggling with substance dependency, mental health, and poverty are virtually non-existent in the Cape Breton Regional Municipality.

Reentrants also commonly experience a difficult period of adjusting to post-carceral life, which is further complicated by widespread stigmatization. Incarceration changes people as they begin, and continue outside prison, practices of hypervigilance and feeling that they must remain guarded or fall victim to physical or emotional threats.

While adjusting to new routines, ways of thinking and living is difficult, the post-release environment is made unreasonably onerous by stigma. Stigma, prevalent in Cape Breton social life, is doubly applied to reentrants and they come to occupy a second-class position by being demarcated through publicly deployed constructions of incarceration and addiction. Suffering the stain of stigmatization is exclusionary and isolating as it encourages avoidance of welfare state services and other community spaces as reentrants attempt to obscure and/or minimize their carceral and substance use histories. The broader implications of stigmatizing reentrants will be discussed further below.

Formerly incarcerated men, when attempting to rebuild their lives, face several barriers and challenges in the social welfare state from services such as income assistance. Nova Scotia's Income Assistance program is inadequate for reentry as the incomes maintain poverty, the system is an overly demanding bureaucracy that is difficult for reentrants to navigate, and conflict with workers is often a reality of accessing the program. Moreover, reentrants feel stigmatized, suspected of wrongdoing, and surveilled by IA.

Healthcare is another state service where reentrants face barriers and challenges. Reentrants struggle with long-term waiting—sometimes hours, days, weeks, or months—and often go without care. Stigmatization, once again, is a significant barrier to reentrant health and wellness. Reentrants, stigmatized as belonging to a cohort of criminal drug users, feel discriminated, excluded, and that their health concerns and medication needs are blocked.

When considering reentrant access to welfare state services, it is important to highlight how transportation is a significant reentry barrier. Many of Cape Breton's marginalized people, due to cheaper rent on the periphery, live outside the centralized community of Sydney. The ability to travel to Sydney, however, is often challenging as reentrants, lacking personal transportation, are often unable to afford the cost of a limited public transportation system. With reentrants often relying on walking and hitchhiking to get to appointments that are over 20 kilometers away, it is no wonder as to why they feel transportation is a barrier to service access.

Procuring employment and housing are further challenges for reentrants. They face barriers to and are often excluded from both the labour and rental markets. The most significant barrier is that criminal and addiction constructs are publicly traded information which quickly spreads throughout the community. The digital archiving of criminal constructions online is utilized to spread awareness amongst employers and landlords of who is criminal and potentially undeserving of employment and housing. Reentrants are often unemployed and unhoused because of the pervasiveness of stigma in small-town Cape Breton. The social welfare state has

been unable to alter these circumstances and create the conditions for reentrants to be housed and employed regardless of their stigmatization in private markets.

Barriers and challenges to reentry are also experienced in the probation and bail regime. Probation monitoring disrupts employment, and probation/release conditions such as curfew, no-contact orders, and abstaining from alcohol and drugs complicate reentry. These release conditions and probation orders create crime out of non-criminal events, entrench reentrants in the carceral cycle, and appear to be a purposeful effort to control marginalized people in the community and keep them ripe for reincarceration.

When considering the reentry experiences of men in this report, the current combination of strategies for addressing social problems in Cape Breton (Nova Scotia) emerges. As previously noted, there are three strategies to deal with entrenched social problems—socialization, medicalization, and penalization.¹⁷

Socialization through the deployment of the social welfare state is a narrow effort that lacks the dynamic ability to provide reentrants with the housing, employment, or income necessary to engender reintegration and the reduction of recidivism. Reentrants rely on the meager socialization they receive, but due to the inadequacy of the effort, they often turn away from social welfare services and toward crimes of survival—participation in underground economies of drugs, sex, or theft/resale—which make them vulnerable to reincarceration.

Likewise, medicalization is a constrained effort in Cape Breton. Considering social problems as individual mental defects to be altered through mental health treatment is prevalent in Cape Breton public/professional discourse, but the medicalization of deviance is a stripped-down effort with limited mental health intervention. Both mental health and substance dependency services are locally available, however, reentrants pursuing these services often find them simply out-of-reach or not meeting their needs.

Finally, the penalization effort appears as the main strategy for dealing with social problems in Cape Breton. Respondents lacked access to adequate socialization and medicalization but could not break the carceral cycle and avoid the dragnet of penalization. The inadequacies of socialization and medicalization contributed to continued reentrant carceral involvement. The penalization effort serves to reduce the visibility of social problems in Cape Breton through temporarily warehousing marginalized people. There appears to be adequate resources for supporting penalization as Cape Breton, embedded within the Canadian state's \$20 billion (annual) criminal justice effort, has a large police force (200 officers), a multi-level court system, and a jail with capacity to warehouse, feed, and shelter just under a hundred people. Penalization, however, should not be overstated because this effort also has limitations as the police, court system, and prison cannot and are unable to solve the persistent public visibility of marginalized people. Rather, penalization is more nuanced as the effort is used to manage the visibility of entrenched social problems (i.e., those considered the most troublesome faction at the bottom of the class structure), instead of eliminating them from view all together—an effort that would likely be too heavy handed and expensive to be accepted. The penalization endeavor in Cape

¹⁷ See page 8.

Breton assigns the most marginal to the carceral cycle. Across Canadian provinces, the carceral cycle has recently (re)materialized through remand, the bail regime, probation, and ramped up police efforts to monitor breaching of probation or bail conditions. As was highlighted in this report, the conditions of release and probation trap reentrants in the carceral cycle by legally obligating them to follow behavioral modifications that they will be unlikely to meet. While they are not necessarily reincarcerated each time they breach assigned behavioral modifications, these breaches can add up and position reentrants for future reincarceration.

To break free of the carceral cycle, reintegrate, and improve health and wellness, Cape Breton reentrants require an increase in socialization. This assertion mirrors the conclusions reached by the men in this report. They advocated a socialization effort to provide adequate housing, transitional spaces between incarceration and community, employment upon release, improved (universal basic) income assistance, and pre-release planning/social welfare coordination taking place prior to release. Also, an increase in medicalization could assist in breaking free of the incarceration cycle. Medicalization, however, needs to be reorientated to be more understanding and accepting of marginalized people, especially the formerly incarcerated. Moreover, medicalization should be geared toward providing support to mitigate the trauma and mental anguish experienced by the formerly incarcerated, not as a solution to social structural problems such as homelessness, poverty, incarceration, substance dependency etc.

In addition to increasing socialization, reentry would be improved by the reduction of penalization. Reducing penalization should be guided by the necessity of decreasing the overrepresentation of marginalized people in provincial corrections and the bail/probation regime. As the carceral system manufactures both general and categorical stigmatizations (sex-offender, drug dealer/user, robber, thief, etc.), decreasing the representation of the marginalized will slowly begin to reduce their criminalization. The high presence of respondent substance dependency in this report suggests that any serious effort to reduce the overrepresentation of marginalized people in provincial corrections must rectify the prohibition of drugs through decriminalization/eventual legalization of so-called street drugs, as well as rescinding probation/release conditions that prohibit reentrant substance use. Reducing penalization matches the views of the men in this report who believed that they were too frequently incarcerated or that punishment followed them outside of institutional walls and maintained their position in the carceral cycle.

Fundamentally altering the three-pronged state effort to social problems further requires decentering from the current foundational approach to marginalized people: using the three strategies, at times in-concert, to alter the behavior of marginalized people who frequently interact with carceral systems. This approach is futile and has criminalized and stigmatized the most marginal into a near permanent second-class existence that requires them to alter their behavior, regardless of structural context, and align it with idealized upper/middle-class notions of acceptability, responsibility, normality, etc. Rather than aiming to alter the behavior of the marginalized, a recrafted state effort to social problems, especially in penalization, should recognize that government institutions and their policies bear responsibility for the carceral cycle, and the disproportionate amount of marginalized people trapped within its grip. Changing

the approach to socialization, medicalization, and penalization by tailoring institutions to service the unmet needs of people flowing through them, instead of attempting to alter people to institutional demands, will reduce the overrepresentation of marginalized people in carceral facilities. Meeting the housing, employment, income, substance dependency, and mental/physical health needs of those who have been incarcerated will reduce the likelihood of recidivism, spur on reintegration, and increase health and wellness.

Recommendations

These solution-based recommendations are synthesized with recommendations voiced by the men who were interviewed:

1. Reinvigorate the social welfare state to directly provide housing, employment, and income. These social interventions need to be immediately provided upon release. Make reentry housing, available, permanent, and not forfeited if the person is reincarcerated. Establish transitional, peer-led housing for those who may need a more structured release environment. Develop employment positions for reentrants to occupy. Increase Income Assistance incomes to bring all beneficiaries above the poverty line, widen program coverage, and destigmatize the service. A universal basic income may be the most appropriate and equitable way to enhance a service such as Income Assistance.
2. Increase mental health and substance dependency services and make them more accessible for the formerly incarcerated. These services should be tailored to assist with the unique and difficult circumstances experienced by those caught in the incarceration cycle.
3. Consider the first few days and weeks post-release as critical. Create reentry programs to assist men inside and outside of prison. These programs should be wrap around and trauma informed in nature, as well as coordinated so that support can easily shift and continue from prison to community. Programs designed specifically for coordinating prisoner reintegration, however, must be accompanied by an overhauled and enhanced social welfare state, otherwise reentry programs will refer people to inadequate services where they will not receive the support to reintegrate.
4. Government departments and services should enhance collaboration to reduce access barriers, increase uptake, and speed up referrals.
5. Enhance existing services where men feel safe and supported. Further the accessibility of these services by expanding availability and lowering thresholds.
6. Look for ways to intervene early in the lives of children to reduce what Rebecca Bromwich (2017, as cited in Stratford 2018) has deemed the “cradle to incarceration continuum”—the shifting of vulnerable, poor, Indigenous and racialized youths from state institutions such as foster care to the youth justice system and eventually to adult corrections. This may include providing new services and enhancing supports for families, communities, and schools.

7. Provide services specific to the needs of men. These could focus on helping men reunite with family members that they may have lost contact with during carceral struggles or emotionally assisting men with the trauma they have endured in the carceral cycle. Culturally appropriate services should also be established and/or enhanced. Spaces utilizing traditional cultural methods or spirituality could be quite beneficial and enlightening.
8. Address concerns raised by the 2018 Canadian Department of Justice (2018: 26) review: the “need to implement longer-term [criminal justice] reforms...,” the overrepresentation of marginalized people (mental health, substance dependency, poverty, etc.) in the carceral system, and furthering collaboration with the social welfare state.
9. Reform bail and probation so that these criminal justice interventions are geared solely toward community safety and not behavioral modification. Conditions need to be reduced and aligned with the realities of marginalized people. The reduction of oppressive conditions will assist in prying the marginalized from the grip of the incarceration cycle and reduce the high rates of administration of justice offences that currently contribute to prison populations across Nova Scotia.
10. Decriminalize drugs and develop a future policy of drug legalization. These policies, however, cannot be enacted without being accompanied by an enhanced social welfare state. Marginalized people often depend on the illicit drug economy to support themselves. If that option is removed and no assistance is provided, they will be further entrenched in economic peril.
11. Establish a communicative channel for the incarcerated and reentrants to incorporate their input into policy making. This should not be done in a superficial way where token positions serve to symbolize a working relationship. Rather, the experiences and recommendations of those with lived/living experience should be foregrounded in policy circles to help with establishing new supports and reducing the representation of marginalized people in prison.
12. Establish educational campaigns to inform the public about crime, incarceration, marginality, and reform. The dominant narratives of crime and incarceration—often emerging from television, movies, sensationalistic news reports, social media, politicians, etc.—need to be challenged and more closely aligned with the realities of those who most often come into criminal justice contact, the marginalized. Coupling the reforms in this list with educational campaigns to help the public understand the necessity of systemic change will assist to reduce the stigma of the formerly incarcerated.
13. All the reforms and educational campaigns suggested in these recommendations should have an overarching goal of establishing the marginalized as valued members of the community. Stigma is pervasive but it can be reduced through reforming criminal justice and social welfare and furthering education.

There is a lot of work to do to change the stark realities faced by men leaving prison, but it is not impossible. Institutional reform should not be a pie in the sky idea. The rates of recidivism tell us that what is currently in place is not working. It will take listening to the voices of those incarcerated and without judgement, coupled with changes to the way policy is informed and institutions are operated. It will take the creation of communities in which prisons are not the answer to vulnerable people falling through the gaps. It means seeing people who have spent time incarcerated as ‘people first’ and their behaviors second.

Hopefully you now understand one of the main points illuminated by Dr. Margaret Dechman, that there is always context behind criminal justice involvement. You are invited to be part of changing the narrative, improving the post-release environment, reducing recidivism, strengthening reintegration, and improving health and wellness.

“Prisons do not disappear social problems, they disappear human beings. Homelessness, unemployment, drug addiction, mental illness, and illiteracy are only a few of the problems that disappear from public view when the human beings contending with them are relegated to cages” – Angela Davis (qtd in Mwangi 2020).

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Appendix:

Graphics:

Types of Childhood Adversity (page 17):

<https://www.2020mom.org/aces>

What Happens in Childhood Doesn't Stay in Childhood (page 21):

From therapist Eli Harwood who can be found at <https://www.thrivetherapy.org/>

Quote about neurobiology (page 28):

From Jessica Minahan and the Association for Supervision and Curriculum Development

https://twitter.com/jessica_minahan/status/1310293683594555398

Puzzle piece (page 57):

From the Puzzle Project [https://www.une.edu/news/2019/artwork-tells-story-recovery-one-puzzle-piece-](https://www.une.edu/news/2019/artwork-tells-story-recovery-one-puzzle-piece-time#:~:text=%E2%80%9CPieces%20of%20Recovery%3A%20The%20Puzzle,by%20an%20in)

[time#:~:text=%E2%80%9CPieces%20of%20Recovery%3A%20The%20Puzzle,by%20an%20individual%20in%20recovery.](https://www.une.edu/news/2019/artwork-tells-story-recovery-one-puzzle-piece-time#:~:text=%E2%80%9CPieces%20of%20Recovery%3A%20The%20Puzzle,by%20an%20individual%20in%20recovery.)

Connection quote (page 64)

From Gabor Mate <https://nl.pinterest.com/pin/554294666637039749/>