Violence and the Pains of Confinement: PRISM as a Promising Paradigm for Violence Prevention

David J Cooke

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"I have lain in prison for nearly two years. Out of my nature has come wild despair; an abandonment to grief that was piteous even to look at; terrible and impotent rage; bitterness and scorn; anguish that wept aloud; misery that could find no voice; sorrow that was dumb. I have passed through every possible mood of suffering." (Oscar Wilde, De Profundis)

Introduction

The keystone of forensic practice is violence prevention. Through the care, treatment, supervision and management of individuals the forensic practitioner endeavours to minimise the likelihood and the severity of harm directed at self or others. This is true whether the client is in the community or within an institution. While it is often difficult to evaluate the true rate of aggression in forensic institutions, available studies suggest that it is a constant and a significant problem (Nijman, Merckelbach, Allertz, & a Campo, 1997).

The reduction of violence, self-harm and suicidal behaviours are all World Health Organization (WHO) priorities (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). This prioritisation is not surprising given that the costs of violence are both high and wide-ranging in nature. They include the direct costs of injury, illness, and absenteeism. They also include the less obvious costs created by impaired work performance, the need for higher staffing levels, increased staff-turnover, recruitment difficulties and the need for more rigorous security

standards. Costs may be long lasting. In violent institutions inmates are less likely to engage in regime activities and, on their release, they face an increased risk of recidivism as a consequence of being held in a criminogenic environment (Bowers et al., 2008; Noll, 2015). The costs do not stop there. The costs also include the more intangible costs of loss of reputation, the impaired motivation and morale of staff, impaired organisational creativity and innovation, as well political costs (Cooke, 1997; 1995; Cooke & Johnstone, 2010; Cooke & Johnstone, 2012; Noll, 2015). Institutional violence is costly.

Institutional Violence Prevention

The focus of this chapter is violence prevention. I will describe attempts to evaluate the environment of prisons and forensic psychiatric hospitals, in particular, attempts to identify the situational risk factors that serve to heighten the likelihood of violence. The focus is practical. The focus is on how complex institutions designed to contain the distressed, the disordered and the difficult can be reorganised to prevent violence. I will consider different strategies to violence prevention, I will describe the evolution of an approach—PRISM—which applies the thinking of structured professional judgement to the institution rather than to the individual inmate of the institution, I will then describe the process whereby an evaluation of the institution can lead to interventions designed to create an institutional experience which enhances violence prevention. I will conclude with a discussion of avenues for future work.

The WHO makes clear that violence can be prevented (World Health Organisation, 2010); critically, this is not a matter of faith but a matter of evidence. The public health perspective, which flows from organisations such as the WHO, recommends two broad strategies of prevention—the “high risk” and

the "population" strategies. The high risk strategy is the strategy usually favoured in forensic practice; a risky individual is identified then s/he is contained, treated, supervised or otherwise managed. By way of contrast the population approach intervenes at the level of the population, or the level of the large group; effective population strategies for the prevention of violence would include reducing the availability of alcohol or access to weapons, changing cutural norms and expecations and developing the life-skills of children and adolescents (World Health Organisation, 2010). A classic example of the population strategy applied to a health outcome is the use of the price mechanism to control alcohol consumption: The reduction of the average consumption of the population leading directly to a disproportionate reduction in the number of at-risk heavy drinkers at the upper tail of the consumption distribution (Rose, 1992). Population strategies directed towards prevention are more likely to be effective than high risk strategies when the risk factors for the outcome of interest are relatively weak in their effect. This is the case for violence (Cooke & Johnstone, 2010: Rose, 1992). Rose (1992) propounded the prevention paradox; in essence, if a large number of people are exposed to a weak risk it will, in fact, generate more cases than a small number exposed to a strong risk. Under these circumstances—the circumstances that apply in forensic practice—"the high-risk preventative strategy is dealing only with the margin of the problem." (Rose, 1992; p. 60; See Cooke & Johnstone, 2010 for a detailed example)

On Approaches to Violence Risk Management

In forensic practice the high risk strategy reigns supreme—and for good reason. The last three decades have witnessed significant strides, not only in our

ability to evaluate the risks that an individual might pose, but also in our ability to manage those risks. Perhaps most notable has been the evolution of structured professional judgement (SPJ) approaches to violence risk assessment (e.g., HCR-20, Douglas, Hart, Webster, & Belfrage, 2013; RSVP, Hart,. Kropp, Laws, Klaver, Logan & Watt, 2003). SPJ guides have been developed for the whole gamut of violent acts—sexual, spousal, child abuse, elder abuse, stalking and extremism (Logan, 2013; Otto & Douglas, 2010; Logan & Johnstone, 2013). SPJ procedures require the assessor to consider a number of risk factors known through research or clinical understanding to be associated with violence risk. A multimodal approach to assessment is adopted: Information about risk factors is gathered through interview, document review and formal psychometric testing. If risk factors are present the assessor has to determine whether they are relevant to future violent offending; relevant either because they are in some sense causally linked to future violence, or relevant because they may adversely affect the risk management plan. The assessor is required to formulate an account of why the individual may be at risk of engaging in violence, consider what form that violence might take and, finally, describe risk management strategies designed to counter the risk. SPJ approaches fit the clinical task: They provide a common language for practitioners of many disciplines to analyse cases and plan effective interventions; they have revolutionized forensic practice. Critically, they place clinical skill and clinical knowledge at the centre of decision-making about risk.

It must be acknowledged that the focus of the SPJ guides has been on individual risk factors (e.g., history of violence, substance misuse disorder, personality disorder, major mental illness, sexual ideation etc.). This is not

surprising. Psychologists and other mental health professionals, by dint of training and experience, emphasise the individual over the environmental. To some extent, however, this emphasis represents a form of fundamental attribution bias (Ross, Amabile, & Steinmetz, 1977); that is, there is the tendency, when explaining the behaviour of others, to emphasis their personal characteristics and downplay the external factors; the opposite of what we do when explaining our own behaviour. This is perhaps because awareness of our own situational factors is greater and they are thus easier to take into account. One consequence of this bias is termed the individualistic fallacy, the fallacy of assuming that individual-level outcomes can be explained exclusively by individual-level variables. Silver (2000) observed that the individualistic fallacy is a problem for most research on violence risk generally, and research on mental disorder and violence risk, in particular. Ignoring institutional factors can result in researchers failing to estimate individual-level effects accurately (Silver, 2000). With all the focus on individual risk factors there has been a systemic failure to appreciate, evaluate and manage situational factors. Silver (2000) warned that researchers and clinicians are frequently in danger of committing the individualistic fallacy by making judgements about violence risk while ignoring contextual variables. This problem is not peculiar to forensic practice. The interplay between the individual's characteristics and his/her situation has long been a source of debate and dispute in psychology. Perhaps, most notably, Mischel (1968; 2004) provided serious critiques of trait psychology in which he argued that the features of the situation in which a person resides has as much—if not more—influence on their behaviour than their personal attributes.

Clearly focusing merely on individual risk factors misses an important source of uncertainty in risk assessment (e.g., Cooke, 1989, 1991; 2010). As Simon (1990) remarked, all behaviour is shaped by a scissors, one blade being the characteristics of the actor the other blade being the characteristics of their environment. Both aspects have importance—importance both for practice and for theory. Toch (1997) summarised the challenge:

"…the goal is the reduction of violence through the creation of a climate that understands its own occasions for violence and begins to defuse them. When one accomplishes this goal, residual violence will be 'person centered,' and can be addressed as such." (p. 189)

On the Pains of Confinement

Prisons and forensic hospitals are complex systems within which sets of risk factors are interactive, reactive and interdependent; these processes engender circumstances that create violence. It has long been recognised that context, including the pains of confinement—so vividly portrayed by Oscar Wilde in De Profundis - affect behaviour (e.g., Bloom, Eisen, Pollock, & Webster, 2000; Folger & Starlicki, 1995; Goffman, 1961; van der Laan & Eichelsheim, 2013; Leibling & Arnold, 2012; Mischel, 1968; Morgan et al., 2016; Perline & Goldschmidt, 2004; Sykes, 1958; Wilde, 1897/1996). A sizeable empirical literature confirms the association between particular risk factors and violence in prisons (e.g., Byrne, Hummer & Taxman, 2008; Cooke, 1989; DiIulio, 1987; Gadon, Johnstone & Cooke, 2006; Gendreau, Coggins, & Law, 1997; Grant & Jewkes, 2015; Toch, 1982; Wortley, 2002). Theories of prison violence such as the Deprivation Model, (e.g., Barak-Glantz, 1985), the Management Model (e.g., DiIulio, 1987), General Strain Theory (Morris, Carriaga, Diamond, Piquero, &

Piquero, 2012) and Procedural Justice paradigm (Bierie, 2013) have incorporated situational factors in their explanatory frameworks. More importantly, situational crime control has been shown to be effective in institutional contexts (e.g., Cooke, 1989; Wortley, 2002).

Space precludes a more detailed review, however, I will outline Bierie's (2013) study as it provides a powerful exemplar of situational thinking and analysis. Bierie (2013) examined the impact and saliency of the system for processing the complaints of inmates in the Federal Bureau of Prisons; he subjected monthly panel data—drawn over a seven-year period from all federal prisons in the USA—to detailed analysis. The results are telling. Inmate violence was not predicted by the outcome of the decision (whether the complaint was denied or upheld) rather it was associated with both late replies and the rejection of complaints on administrative grounds; for example, rejection because the prisoner did not complete the complaint form correctly (e.g., sign and date it in quadruplicate) or rejection because of inadequate compliance with the specific language required by the Bureau standards. Bierie's (2013) analysis, through the lens of the Procedural Justice paradigm, is helpful because it provides a nuanced account of the link between a failing complaints system and violent acts by focusing upon the psychological processes that may drive these acts. Within the Procedural Justice paradigm the distinction is made between the desirability of the outcome (was the complaint upheld) and whether the process was construed as just. Four aspects of the process influence the perception of whether a decision is construed as just. First, was the person's point of view heard before the decision; second, was everyone treated equally—was the

process fair; third, were the outcomes proportionate; fourth, and finally, was there access to a review or appeal process.

Rejecting complaints because they do not conform to some bureaucratic standard, or indeed, delivering delayed decisions violate many, if not all, of the core aspects of procedural justice. It is not surprising that failures in the complaint system are linked to violent outcomes with disturbed, distress of difficult people. How can this type of analysis be put into action: How can it assist violence prevention?

A Structured Professional Approach to the Evaluation of Institutional Risk

A number of professional experiences heightened my awareness of the impact of situational variables on men at high risk of violence. These experiences included first, working in a radical regime for men characterised as the most violent in the Scottish Prison system—the Barlinnie Special Unit—second, being present as a member of the command team at four major prison riots, and third, attending a 3-day conference held *in camera* 9 months after the cessation of these riots; a conference attended by ten of the prisoners who had been central to the riots and hostage takings (Cooke, 1989; 1997; Cooke & Johnstone, 2010; 2012). It became self-evident that when it comes to institutional violence the environmental blade can be sharp.

My colleague Lorraine Johnstone and I identified a clear need to complement the SPJ guides developed to consider individuals; it was clear that the SPJ paradigm could apply to institutions as well as to individuals (Cooke & Johnstone, 2010; Johnstone & Cooke, 2008). Our overarching aim was to develop evidence-based practice guidelines that could be implemented in forensic settings—forensic hospitals and prisons—and help staff to reflect on what could

be done to reduce the incidence of violence. We called these guidelines PRISM (Promoting Risk Interventions by Situational Management; Johnstone & Cooke, 2008). We take the prism analogue from optics. A prism splits white light into its constituent elements and allows these colours to be analysed and evaluated. Our PRISM takes the whole organisation and considers the constituent elements that affect the incidence of violence within the organisation; it helps to break down complexity in order that change can be approached in manageable chunks.

Having identified the need we developed PRISM in four steps guided by the principles of evidence-based practice. First, we performed a systematic review of the literature on situational risk factors for interpersonal violence that occurs in prisons and forensic psychiatric hospitals. We were immediately struck by the paucity of any systematic consideration of this class of risk factors (Gadon, Johnstone, & Cooke, 2006). Thus, in the second step, we obtained evidence from inmates and from staff through semi-structured interviews. This was revealing. Not only did we gather evidence about the aspects of the institution which should be considered, but also, we struck a rich seam of explanations about why such factors might serve to promote violent incidents; for example, factors that engender a sense of injustice, that entailed disrespectful treatment, that promoted a sense of uncertainty or a sense of frustration, and conditions that could be regarded as deprivation, were viewed as serving to promote violence risk (Cooke & Wozniak, 2010).

Third, we used the information derived in the first two steps to develop the PRISM protocol. We distilled and refined the information using rational criteria. We considered that five conceptual domains captured the essential features of twenty-two risk factors; history of violence, physical environment,

organizational factors, staff features, and patient/prisoner care and management. Consistent with the SPJ approach we defined each risk factor, we specified the range of information sources that should be considered; we explained how scenario planning techniques could be applied to envision future hazards and describe how these scenarios could be used to formulate a risk management plan (See Cooke & Johnstone, 2010 for a detailed account).

We identified 22 risk factors and decided that it was pragmatic to group these into five distinct domains, namely; *History of Institutional Violence*, *Physical and Security Factors*, *Organisational Factors, Staff Features*, and *Case Management*.

The *History of Institutional Violence* domain focuses on the nature, frequency and pattern of violence in the last two years; this allows the establishment of a base-line and a benchmark against which to compare an institution with itself over time, but also, with other comparable institutions. Evidence from this domain provides invaluable information for the scenario planning process used to envision what form future violence might take in that institution.

The *Physical and Security* domain focuses on both the quality of the built environment (e.g., structural quality, cleanliness, noise, temperature, space) and security; is the built environment fit for purpose and does it conform to health and safety and human rights concerns? What is the quality of supervision and control imposed; does it match the level of risk imposed or not? Security that is either too rigorous or too lax security can serve to promote violence, the first through a need to save face, the second because of the anxiety generated.

The *Organisational Factors* domain is a broad domain as it is concerned with the strengths and weaknesses of the institution being considered, but also it is concerned with the wider organisation in which the institution is embedded e.g., health authority or prison system. The focus is on the management of violence; is there someone in charge of relevant policies, practices and procedures, is the management focused on zero-tolerance of violent behaviour, is conflict and change within the organisation managed systematically and effectively?

The *Staff Features* domain is perhaps the most salient domain when it comes to violence management, it focuses on the strengths and weaknesses of the staff compliment; are appropriate staff recruited and retained, are appropriate numbers available, is the skills/experience mix correct, do staff receive appropriate training for the management of potentially violent individuals, do staff engage and communicate appropriately with those in their care, do they receive required levels of support to do their jobs?

The final domain, the *Case Management* domain, is focused on the services available to potentially violent inmates: does the institution have a systematic approach to the evaluation of individual risks and needs, are appropriate intervention programmes available, and more broadly, to what extent do inmates have access to positive experiences including education, recreation, or contact with family?

The fourth step in the development of the current version of PRISM was to field test it in a multiple case study analysis of five Scottish prisons (Johnstone & Cooke, 2010).

The PRISM process

How does a PRISM evaluation work in practice? PRISM was designed to engender an action orientated and collaborative approach (Cooke & Johnstone, 2010; Johnstone & Cooke, 2008). The assessment process was designed not only to be sufficiently flexible to cope with the diversity of the institutions being considered but also flexible enough to meet the evolving challenges faced by institutions, from the radicalisation of prisoners (Leibling & Arnold 2012) to the use of drones to deliver drugs and weapons into prisons. We strove to avoid the process being viewed as 'an inspection'. The first stage in the process is to recruit a multi-disciplinary team from the institution. The team members are trained to acquire the relevant information (a multi-modal, multiple informant approach is used), to evaluate that information, to assess its relevance for future violence, to speculate systematically about what might happen in the institution in the future, and most critically, to propose and implement changes designed to obviate perceived hazards. This collaborative approach increases 'buy-in' across the institution. Buy-in increases the likelihood of change (see below). It is critical that risk interventions should be both realistic and achievable. It is essential that proposed changes fit with the capacities and capabilities of the institution and are implemented within an appropriate time frame. Some changes can be implemented immediately, within current resources; others require long-term planning and the acquisition of suitable resources.

From Risk Factors to Risk Processes

PRISM provides a template or process for handling information. That information has to be evaluated. As can be seen from the above, identifying those risk factors that are present is not the end point; rather it is the first step. If we are to implement positive change the interesting question is not *what?* but *why?*

What is it about context that promotes, or indeed, diminishes the likelihood of violence? For example, why does poor staff training, the absence of a clear violence policy or the lack of a risk-needs assessment process increase the likelihood of violence? Answering the why question is a key step for both action and for theory. As Bunge (2006) remarked: "The hallmark of modern science is the search for mechanisms behind facts, rather than the mindless search for data and statistical correlation among them". (p. 119)

Theory can assist. Wikström (2014) has proposed Situational Action Theory (SAT) as a way of integrating personal and contextual variables: "People do what they do because of who they are and the features of the environments in which they take part. What kinds of people are in what kind of settings explains what kind of actions are likely to happen." (p. 75) Thus at the heart of this theory is neither the person *nor* the setting but rather the 'perception-choice process'; it is this process which leads to action, a process that is underpinned by both the individual's propensities and his/her situation. An individual who suffers from psychopathic personality disorder, for example, may have a higher propensity for violence than prisoners in general so that the situational deterrents to violence require to be more rigorous for such prisoners. By way of contrast, a prisoner with a low propensity for violence would need to be exposed to much more intrusive situational factors before s/he acts violently (McCuish, Corrado, Hart, & DeLisi, 2015).

Developing a proper formulation and an understanding of the perception-choice process therefore requires consideration of 'why?' and 'how?' and not merely 'what?"(Cooke, 2010; Cooke & Wozniak, 2010). By way of illustration consider van der Laan and Eichesheim's (2013) analysis of a Dutch institution

for juvenile offenders. These authors highlighted a series of risk processes that influenced the institutional behaviour of the inmates; the failure of staff to provide appropriate social support that might buffer stress, the capricious enforcement of rules and the failure to engender a sense of safety within the institution. By way of further illustration, Liebling and Arnold (2012), contrasting the functioning of a specific prison over a twelve-year period, described risk processes in graphically terms:

> "The study found a decline in already low levels of trust, with dramatic effects on the prison's inner life. Relationships between prisoners were fractured, more deeply hidden than in the original study, and the traditional prison hierarchy, formerly easily visible in long-term prisons, had dissolved. Longer sentences, fears of radicalisation, confusion about prison officer power, and high rates of conversion to Islam, reshaped the dynamics of prison life, raising levels of fear. " (p. 413)

How can the perception-choice process be understood in practice? The PRISM assessment starts by considering twenty-two risk factors as they apply to the institution under study; but as noted above, this is where the process starts—not where it ends. PRISM is a framework for analysis but it is essentially practical; it must lead to action. Once the risk factors have been mapped out the detailed conceptual work starts; the professional skill and knowledge of the PRISM team comes to the fore. In essence, a formulation must be derived. In clinical practice a formulation is an organisational framework on which to hang our knowledge of the institution—and its functioning—to facilitate the generation of an understanding of the mechanisms that drive violence—or other

negative outcomes—and which can be used to used to generate interventions designed to impact on violent behaviour (Hart & Logan, 2011; Sturmey & McMurran, 2011). The formulation is based on both case specific factors and also upon knowledge—clinical, professional and empirical knowledge—about the underlying processes that drive risk for violence in any institution. Formulation is not an algorithmic or mechanical process but rather it is a process that depends upon applying psychological knowledge and psychological theories and hypotheses to the problem of concern (Hart & Logan, 2011; Sturmey & McMurran, 2011). Self-evidently organisations are complex and many factors can singly, and in combination, set the conditions that amplify the risk of institutional violence. The task of the PRISM team is to use the data systematically collected to underpin the formulation of risk.

The analytic approach leans on the thinking that underpins quasi-experimental methods (e.g., Cook & Campbell, 1979; Shadish, Cook, & Campbell, 1999) and systematic case study methods, Yin (2009). Yin (2009) captured the challenge well: "Data analysis consists of examining, categorising, tabulating, testing, or otherwise recombining evidence, to draw empirically based conclusions. Analysing case study evidence is especially difficult because these techniques still have not been well defined." (p. 126) Techniques familiar to other fields including pattern matching, logic models and cross-case synthesis of findings are powerful tools that allow the evaluation of alternative interpretations of phenomena being considered (Yin, 2009) The range of analytic strategies available are beyond the scope of this chapter, however, two approaches to formulation of PRISM cases may illustrate the general principles.

These approaches can be characterised first, as looking for themes that undergird the risk factors, and second, seeking out putative root causes.

The empirical work that lead to the developmental of the PRISM allowed us to identify the risk factors that should be considered in the general case, however, when it comes to understanding the individual institution it is necessary to move from a simple account of which risk factors are present towards an analysis of why any particular risk factor—or more commonly combinations of risk factors—impact on the violence level in the institution of concern. This is the basis of the formulation.

As noted above there are many ways of viewing and evaluating data derived from systematic case studies. One useful step is the refining and reduction of the number of risk factors in order to simplify the formulation and facilitate the development of a risk management plan. The twenty-two risk factors can be thought of—by analogue—to be surface markers of underlying latent traits, or what we term risk processes (Cooke, 2010, Cooke & Wozniak, 2012). Risk processes can be considered to be theoretical constructs that can be instantiated by the risk factors; but critically, they are constructs that explain how and why the risk factors act to generate the risk of future violence. SPJ approaches are generally predicated on a decision theory framework that posits that the decision to be violent is a choice. ”The decision may be made quickly, based on bad information, and with little care and attention—that is, it may be a bad decision or a decision made badly—but it is a decision nonetheless.” (Hart & Logan, 2011, p. 94) Risk processes are about cause: Risk processes are the nexus between the environment and psychological state that leads to the decision to be violent. In Wikström (2014) terms, the risk processes affect the ‘perception-

choice process'. Thus once a risk factor has been identified it is important to deconstruct it by asking the questions—why and how? Why does this risk factor affect the decision to be violent: Does the risk factor drive, destabilise or disinhibit the individual so that their decision to be violent is more likely? (Cooke, 2010). The key elements of the relevant risk factors are generally underpinned by a limited set of risk processes that influence the decision to be violent. The identification of key risk processes simplifies and clarifies understanding. As noted above, both the literature and experience, indicate that common themes that promote violence include a sense of injustice, a sense of disrespect, a sense of uncertainty, loss of agency, loss of trust and the affiliative need to be violent to achieve gang membership or peer acceptance.

In our case study of the causes of the riot in Barbados (Cooke & Wozniak, 2010), for example, it was clear that a fundamental risk process was the sense of injustice that prevailed amongst the inmates. What created this sense? There were many sources. These included government policies that failed to implement a parole system and that tolerated remand periods of up to four years for minor offences—"justice delayed is justice denied". Risk factors internal to the prison included an ethos that violence was acceptable; the failure to sanction members of staff who perpetrated violence; the arbitrary use of complete lockdown in response to a localised infraction; physical conditions that were insanitary, restricted, overcrowded and lacking in basic facilities.

Of course, in the complexity of institutional life, many risk factors influence more than one risk process; for example, inadequate staff training could engender perceptions of disrespectful treatment, feelings of uncertainty and frustration; aspects of the physical layout and resources could engender

perceptions of injustice, deprivation and being disrespected. The task of formulation is to capture and understand these fundamental risk processes.

From Evaluation through Scenarios towards Interventions

In line with modern SPJ approaches a scenario planning approach is adopted. That is, based on the formulation the descriptions of possible future violence in the particular institution are envisioned by the PRISM team. Scenarios are short narratives designed to encapsulate the essence of the complex of information; these narratives guide systematic thinking about the topography of future violence in the institution of concern; critically, they provide guidance for interventions designed to obviate risk (Hart & Logan, 2011). Scenario planning has a long history in the management of uncertain and negative futures (Miller & Waller, 2003): It is well suited to the analysis of complex organisations where the risk factors are interacting, interrelated and interdependent.

When it comes to planning interventions it frequently becomes clear that there is a natural hierarchy of relevant risk factors, by targeting the risk factors that represent root causes it may be possible to effectively impact a number of other relevant risk factors. To illustrate, if the risk factor *Leadership and management on violence-related issues* is problematic then it could lead to many other risk factors being problematic e.g., *Security measures, Policies and procedures on violence, Staff training and competencies, Staff approach, style and accessibility, Staff morale, Individualised assessment for risks/needs,* and *Interventions for violence reduction.* Thus, by focusing on a putative root cause,

for example, improving the quality of management focused on violence-related issues in the institution, it can be possible to influence a complex of risk factors and, thereby, enhance violence prevention.

Having developed a detailed formulation of risk processes that operate within an institution and envisioned possible violent outcomes, the next step is to develop an action plan. PRISM is sufficiently flexible to be applied for a range of purposes, from critical incident review, through on-going review of current practice to strategic planning for new services. What might interventions look like? I will briefly consider several real case examples to illustrate action plans.

Thinking about Situational Interventions

The pilot version of PRISM was used to provide a critical incident review to the government of Barbados following the total loss of HMP Glendairy, Barbados as a result of rioting and arson. This work led directly to a programme of work drawing on international perspectives but tailored to fit both the resources and culture of Barbados (Cooke & Wozniak, 2010; Cooke & Johnstone, 2012). This programme of work was designed to improve staff training, including leadership training, human rights training, staff-inmate communication, systems for evaluating risk/needs of prisoners, and the implementation of offending behaviour programmes for selected inmates. Specifically, frontline staff felt alienated and disempowered, leadership training designed to reduce the overly hierarchical and constrained management style was recommended. The implementation of appropriate information systems was recommended to counter the identified problem that little systematic information was held about prisoners, this lack led to capricious decision-making. It is vital that recommended interventions are tailored to fit the

resources and cultures of the country: Recommendations have to be implementable to be effective; evolution rather than revolution is more likely to lead to permanent change.

In a well functioning UK high secure forensic psychiatric hospital, a number of improvements were implemented following a routine review based upon PRISM. These included improvements in the violence recording system—clearer operational definitions and identification of potential motivators and precipitants—the provision of more opportunities for patients to have quiet time, the improvement of furniture layouts to limit blind spots, the encouragement of staff to use clinical supervision to reflect on their interactional style and thereby consider the best ways to engage with specific patients. Similar interventions were implemented in a Scandinavian high secure facility.

When five Scottish prisons were evaluated in a multiple case study a range of interventions were developed. These included the refinement of violence-recording measures, a review of the complaint procedures, staff training focused on violence prevention, a communications strategy regarding security and control, improved policies and procedures on violence issues and better individualised violence risk (Johnstone & Cooke, 2010).

A notable illustration of the use of PRISM proactively—for strategic planning—is the work carried out in Denmark to plan the transfer of the high secure hospital to a new facility some 80 kilometres from its original base. A PRISM process was carried out some eighteen months prior to the move. It provided a framework for the development of the new regime, including but not limited to, the development of systematic risk assessment processes, clear policies on security procedures including fire, hostage-taking, fights, bomb

threats, staff training focused on de-escalation skills and the development of meaningful patient activities. This proactive approach has been deemed to be effective (Møller-Madsen, Personal Communication, 25th May 2015).

A key finding from the studies carried out so far is that while interventions need to be tailored to the specific needs and structures of the organisation being considered, there are clear commonalities that can allow best practice to be transferred amongst organisations.

The Application of the PRISM Process

To my knowledge, PRISM has been used to evaluate a wide range of forensic psychiatric and prison settings in the UK, Norway, Sweden, Denmark, New Zealand and Barbados. There are a number of published studies reporting on the application of PRISM. The approach has been used to evaluate the functioning of five prisons in Scotland (e.g., Cooke et al., 2008; Johnstone & Cooke, 2010), the prison in Barbados (Cooke & Wozniak, 2010), high security prisons in New Zealand (Wilson & Tamatea, 2010) and a prison for young offenders in England (Cregg & Payne, 2010). However, because of the sensitive nature of the evaluations the majority of case studies are not published; they are used as action documents.

A number of recent case studies highlight the applicability of PRISM in different types of secure services; I will describe these studies briefly to further illustrate the diversity of settings that can be evaluated. Nötesjö and Asare (2016)(Nötesjö, 2016) reported on four case studies in Sweden. Statens institutions Styrelse (SiS) is a government organisation that provides compulsory care for young people with severe psychosocial difficulties and for

adults with severe substance abuse across some 36 institutions distributed the length and breadth of Sweden. Difficulties with institutional violence had been identified. Following PRISM assessments the most salient difficulties identified across the four institutions were the mismatch between formal records and other reports of violence, major gaps in risk assessment processes and poor adherence to policies and procedures. Senior SiS management valued the assessments: PRISM is now being implemented in other SiS institutions.

de Villiers (2016) described a 13 bedded learning disability assessment and treatment ward in Scotland which had a consistently high level of physical aggression and staff injury. The unit was in crisis; staff withdrew care from a patient who engaged in frequent violence; members of staff were afraid to come to work. de Villiers' PRISM evaluation found the physical environment was unsafe, the management structure was unclear, the organisational ethos accepted that staff could be abused and assaulted regularly; staff felt alienated, undervalued and professional relationships were fractured—their morale was low—policies and procedures were available, but rarely implemented. Closure of the unit was mooted.

Perhaps the most salient indicator of the organisation's dysfunction was the initial refusal of senior management to accept the PRISM report, and their attempts to have the report altered. Eventually, critical risk factors were address by implementing processes to improve on-site staff conflicts, to ensure that clinical supervision was engaged with, by the streamlining of management decision-making and through the improvement of the physical fabric of the institution. de Villiers (2016) reported that violence levels are now much

reduced and that new unsettled patients have been admitted without a return to previous high levels of violence.

Lehany (2016) described the implementation of the PRISM process in a 15-bedded medium secure service in New Zealand (NZ). This was a proactive assessment—not precipitated by a crisis—based on the desire to avoid violence by systematically evaluating current practices and conditions, to ensure that best practice was in place. The primary aim of the intervention was to ensure that violence was prevented by making violence reduction a key goal for all staff. Given the ethnic mix of the unit (Maori, Pacific and NZ European cultures) there was a need for cultural sensitivity. The assessment took place in the context of increasing levels of reported assaults in mental health services in New Zealand. The primary recommendation of the PRISM report was the physical refurbishment of the unit; in addition, enhanced staff training, improved sharing with other units and other professional groups, and developments in rehabilitation programmes.

In England and Wales, the National Offender Management Service, has responded to the increasing problem of institutional violence by piloting the application of PRISM across both the public and private sectors. Fifteen sites (4 in the Young Person's Estate) have been evaluated. A thematic review is being conducted to determine the lessons that can be learned at the organisation level as well as those that can be learned at the level of the individual organisation. It is anticipated that the pilot will inform any wider use of PRISM. (Tew, Personal Communication, 3rd October, 2016) These brief accounts hopefully highlight both the diversity of applications, and the diversity of contexts, that the PRISM process has been applied in—so far.

Achieving Organisational Change

The *raison d'être* of a PRISM evaluation is organizational change. As just described organisational changes may range from the development of a clear policy on how violent events are dealt with, or the implementation of a proper recording system for violent incidents, through improvement in inmate activities, increases in staff-inmate communication, enhanced contact with visitors, to the building of new facilities. How can these changes be achieved?

There is no magic formula or recipe book for effective organization change. Change management is a vast and specialized topic (e.g., Blake & Bush, 2008) which cannot be done justice in this brief chapter. Each organisation is—in its own way—unique, effective interventions should be based on the systematic analysis and best judgement of those who work in the institution. However, reflecting on experience with a wide range of institutions—in a number of countries—there are several broad principles that can be derived.

First, the conditions for change should be set from the outset of the PRISM process through the careful selection of the team that will complete the process. It is important to select a range of stake-holders from all parts of the organization. Experience suggests that even merely starting the PRISM process can kick-start change by directing the organisation's attention to the issue of violence—and the impact of situational factors. To illustrate this point, Wilson and Tamatea (2010) implemented PRISM in three maximum-security units in Auckland prison in New Zealand, units that were troubled by serious and high profile assaults. They trained staff in the PRISM process but it was a number of months before they could complete the evaluation; they found that having

directed the unit staff's attention to the power of environmental factors the staff had spontaneously injected greater flexibility and variety into the quality of life of the unit; they had improved the staff mix and implemented an active management approach to challenging prisoners.

Second, it is essential that the PRISM team from the institution own the process; care must be taken in ensuring that the process is not perceived as an inspection—a process to assign blame—but rather it is a forward-facing process designed to consider how the institution might do things better. The PRISM process is designed to be collaborative and action-orientated. It is heartening that independent users of PRISM have found it effective in that regard (e.g., Lehany, 2016; Møller-Madsen, Personal Communication, 25th May 2015; Nötesjö & Asare, 2016; Wilson & Tamatea, 2010). Wilson and Tamatea (2010), for example, reported that staff found the use of scenario planning to be emblematic of the shift from a culture of blame—focused on past problems—to a forward-facing and proactive stance. Nötesjö and Asare (2016) found that the approach "made sense" to staff: Such perceptions increase the likelihood of engagement with change.

Third, if change is to be achieved it is critical that proposed risk interventions are realistic and achievable, that the interventions fit with both the capacities and capabilities of the institution. Clearly, there will be changes that can be implemented quickly and within current resources (Wilson & Tamatea, 2010), whereas other changes will require planning and the acquisition of resources (Cooke & Wozniak, 2010).

Fourth, while it might be tempting to focus on the most obvious changes, or the changes that are easiest to implement, it is important to focus effort on the

changes that can produce the biggest potential benefits. The targets for intervention should flow from the detailed formulation of the institution's risk profile. Tackling root causes can often achieve disproportionate impact.

Fifth, staff are the lynchpin of an effective institution; managing staff is the key to effective change. It is vital to focus on both the technical changes and the human changes. Organisation changes often trigger feelings of loss, anxiety and bewilderment in staff members. It is important that staff see the point of the changes, that the processes and reward system support rather than oppose changes, training in the required skills should be provided—and critically—role models must actively model the changes they require of their staff. In essence, effective change will only come about if staff—at all levels—are engaged and able to realign their own personal mental models about why inmates might be violent.

There is no magic formula or recipe book for effective organisations; PRISM helps the process of analysis and the evolution of case specific solutions be it in a prison following a riot, a high secure hospital facing relocation some 80 kilometres, or the planning of a new prison for sex offender treatment.

How is the PRISM process viewed in practice?

Evaluations have demonstrated high levels of user-satisfaction with the PRISM approach. (Cooke, Johnstone, & Gadon, 2008; Cregg & Payne, 2010; Johnstone & Cooke, 2010; Wilson & Tamatea, 2010). Describing work in a forensic inpatient unit in Wellington, New Zealand, Lehany (2016) reported that the staff found the PRISM process to be helpful because it provided a clear and specific focus on unit practice and unit safety, and additionally, staff appreciated being consulted. Nötesjö and Asare (2016) reported that PRISM has ecological

validity making sense to both staff and clients alike. Other professionals involved have commented that the protocol provides a framework and a context where a broad range of issues can be explored and where multiple staff perspectives and priorities acknowledged and interwoven to produce an outcome relevant to progressing change. Cregg and Payne (2010) concluded that the PRISM assessment of a juvenile custodial setting: "…brought about the design of a number of child-appropriate interventions that have been recognized as innovative for managing violence by key stake-holders." (p. 178)

Managers of institutions have reported that having an evidence-based evaluation has allowed them to procure additional resources—e.g., staff, training, improved buildings—from funding agencies including government bodies (e.g., Møller-Madsen, Personal Communication, 25th May 2015; Nötesjö & Asare, 2016).

The Future Challenges for Situational Approaches

The evolution of SPJ approaches to the violence risk management of the individual offender has revolutionised forensic practice. How might the scope of situational approaches to risk management be expanded and refined? I consider that there are three areas ripe for development.

First, the PRISM approach may generalise beyond interpersonal violence. The risk processes identified above—e.g., sense of injustice, sense of being disrespected or sense of fear—are likely to impact on other signs of institutional malfunction—self-neglect, self-harm, suicidal behaviour, absconding etc. Losel (2012), for example, noted "mutual respect, humanity, support, relationship-orientation and trust play an important role in the prevention of conflicts, suicides and other problems." (p. 84) While there is currently a paucity of

evidence on the impact of situational factors on self-neglect, self-harm and suicidal behaviour, there is some evidence that implicates such factors. Studies by Bonner (2006) and Marzano, Hawton, Rivlin, and Fazel (2011) suggest that people residing outwith normal prison wings may be at elevated risk of self-harm. Nijman and a Campo (2002) described lack of stimulation and interaction with others in secure psychiatric setting as being provoking factors for self-harming behaviour. As with much research in this area care has to be taken in evaluating the causal direction; those at greater risk may be placed in more controlled circumstances where they can be monitored more carefully.

Ramluggan (2013) reported a cluster of staff factors associated with an elevated risk of self-harm; inadequate training, lack of management support, and interdisciplinary conflict. Bowers et al., (2008) concluded that the availability of qualified nursing staff and intensive programmes of patient activities served to mitigate the risk of self-harm during in-patient care. They observed that the policy of greater patient throughput in settings with fewer beds is likely to lead to elevated levels of self-harm. Berntsen et al., (2011) evaluated a mental health unit for children and adolescents and described the association between self-harm and the need for seclusion, and aspects of the institution. They concluded their retrospective study by arguing that key changes including the introduction of restraint training, changes in leadership style, and the availability of a full staff complement resulted in less seclusion and self-harm, as well as less aggression towards others. Reporting on a case-control study of near lethal self-harm amongst a group of women prisoners, Marzano, Hawton, Rivlin and Fazel (2011) identified the importance of the interplay between socio-demographic factors and contextual factors including being on remand, being in single cell

accommodation and negative experiences of imprisonment, for example, problems with staff and anxieties about transfer. While this evidence is suggestive—and consistent with the evidence on institutional violence—more careful evaluations are required.

Second, the PRISM approach may generalise not just to other adverse outcomes but also to other types of settings. The risk processes are unlikely to be peculiar to the settings—prisons and forensic hospitals—where the PRISM approach was developed. Conceptually it appears likely that these risk processes will lead to problems wherever they are found. Closed settings (e.g., psychiatric hospitals, care homes, children's homes, prisons and other residential settings) are high-risk environments for such behaviours (Edgar, O'Donnell, Martin, & Martin, 2003; Richter & Whittingon, 2006). Recently publicised incidents in the United Kingdom have underscored concerns about such events. The problem in the field is the lack of empirical data; this lack is perhaps founded on the fundamental attribution bias which assumes that for inmates of closed institutions their problems are a consequence of their failings, not the consequence of the institutional environment.

Third, there is a need to develop a taxonomy of risk processes and a taxonomy of risk management strategies. Having reviewed the available studies there are key risk processes—e.g., disrespectful treatment, fear—that typically serve to potentiate the decision to be violent across many institutional settings. Similarly, while responses need to be tailored to the individual institution there are common strategies that can be adapted. The wheel does not require to be reinvented.

Hazard Management and Resilient Organisations

In conclusion, I now realise that more by chance than design, the principles and approaches captured in the PRISM approach mimic the risk management methods adopted by many other disciplines to evaluate and understand the complex stochastic processes that relate to system hazards. Approaches including Root cause analysis (Rooney & Heuvel, 2004) Fault tree analysis (Xing & Amari, 2008) and HAZOP (Hazard and Operability study) (Dunjó, Fthenakis, Vílchez, & Arnaldos, 2010) are widely used in industry, the military and in social services. They are methods designed to avoid system failure. PRISM shares many common features with these approaches.

First, there is an understanding that the system—in the case of PRISM, prison or forensic institutions—is composed of groups of interacting, interrelated and interdependent elements that come together to influence the hazard—the inmate's decision to be violent or not. Risk of institutional violence can thus be regarded as an emergent construct. Critically, it is not merely the sum of the underlying risk factors—it is more complex than that—and it is frequently irreducible to the level of the risk factors.

Second, the approaches adopted in other disciplines recognise the inadequacy of simple predictive models (e.g., so called actuarial risk assessment instruments) and appreciate the need to harness scientific, technical and managerial skills to the tasks of the identification, evaluation, reduction and management of the hazard of concern (Cooke, 2016). There is a clear recognition that risk management is not a mechanical process but a qualitative process that requires the bringing together of different forms of expertise to *think* through the problem. This point is highlighted in the standards for HAZOP studies in

which it is stated that stake-holders should use their "intuition and good judgement" (British Standards, 2016; p. 10) in studies "carried out in a atmosphere of critical thinking in a frank and open discussion." (British Standards, 2016; p. 14). I could not put it better. The consistency of the PRISM process with these other approaches to risk management should give confidence that the PRISM paradigm provides a step towards the understanding of institutional violence as a hazard.

Further, PRISM shares with many approaches to hazard management the goal of achieving organisational resilience. Resilience can be viewed as the organisational capacity to both survive and thrive in challenging conditions; its capacity to resist operational hazards—in this case, violent incidents (Burnard & Bhamra, 2011; Seville et al., 2008). PRISM evaluations promote features that are linked to organisation resilience. Aircraft are safe because of redundancy—the duplication of critical components or functions—similarly, redundancy in the systems directed at impacting upon institutional violence increases organisational safety—safety in depth. Resilient organisations ensure that they have security of resources to deal with violence; this may include funding but fundamentally it is about having staff who are skilled, trained, motivated, adaptable—and supported. Resilient organisations are adaptive and learning organisations that have the systems and processes in place to allow them to adjust to new challenges. Overly bureaucratic systems slow down adaptation to new challenges; be they drones delivering drugs and weapons over a prison wall, the radicalisation of prisoners or the posting of prison 'fight-club' videos on YouTube. The resilient organisation learns from any changes and has the capacity to adjust to new conditions quickly and efficiently. For those running

institutions: “The measure of success is not whether you have a tough problem to deal with, but whether it is the same problem you had last year.” (John Foster Dulles, Former Secretary of State).

Finally, resilient organisations have strong leadership, leadership that is decisive but has the capacity to communicate effectively with staff, to generate a sense of purpose and ensure that they are focused on the organisations challenges and objectives.

Violence prevention is the keystone of forensic practice. Although for too long neglected there is now a growing awareness of the import of identifying and understanding the situational factors which contribute, not only to institutional violence, but also contribute to other indicators of institutional distress (Edens, Kelley, Lilienfeld, Skeem, & Douglas, 2015; Lösel, 2012). It is hoped that the PRISM process makes a contribution towards understanding and managing these factors: disturbed, distressed and disordered people are not violent merely because of who they are but because of where they are—and how they are treated.

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