# International Perspectives on Assessing and Managing Institutional Violence using the PRISM Protocol

Paper 1: An overview of the PRISM protocol
Dr Lorraine Johnstone and Prof. David J Cooke

Paper 2: PRISM in a Learning Disabilities Ward in Scotland Dr Jana Devilliers

Paper 3: PRISM in the Swedish Institutional System Gunila Notesjo and Frederick

> Paper 4: PRISM in New Zealand Dr Gordon Lehany

















#### Male prison in London

The number of male prisons h four years, BB( 24/01/2013

PERSONAL PROPERTY.

BBC

# Colombo

At least 31 pec between guard prison in the S 24/01/2012

BBC

#### Sri Lanka ja Mexico prison near Monterre

A battle between Monterrey in nor people dead and 12/02/2016

**BBC** 

#### Ford pri part'

Specialist been calle Sussex at 01/01/201

BBC

#### Oakwood Prison: 'Near riot' claim as inmates damage cells

An inmate at a privately-run prison says a disturbance that authorities claim ended peacefully after a few hours was actually a 06/01/2014

BBC

⇒ 03:54 - 21/11/2013

riots album Attica Blues

D+ 02:54 - 17/08/2012

















⇒ 12/04/2009

D+ 34/01/2012

⇒ 02:07 - 02/01/2011

⇒ 00:58 - 22/02/2012

I# 01:06 - 30/06/2015

# The Bureau of Justice Statistics for 1993-1999 showed figures for violent assault:

- For prison officers was 155.7 per 1,000 persons
- For mental health professionals was 68.2 per 1,000 persons

# The Howard League for Penal Reform (2009) expressed concerns over rising rates of violence:

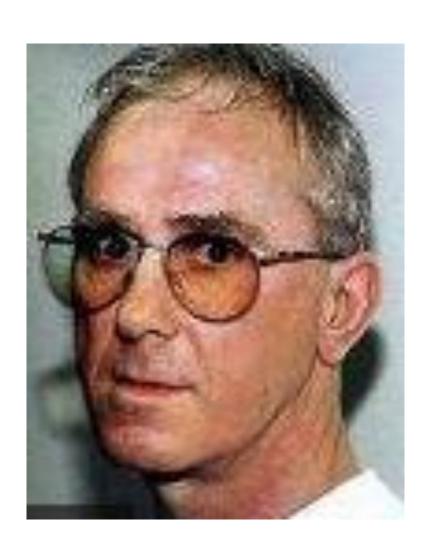
30-50% increase in rates recorded in UK

#### **Unison Scotland (2013)**

 33,689 assaults on health and social care sector employees with nurses being the highest risk group

And, of course, the dark figure could be as much as 80%!

# But it only takes one incident...





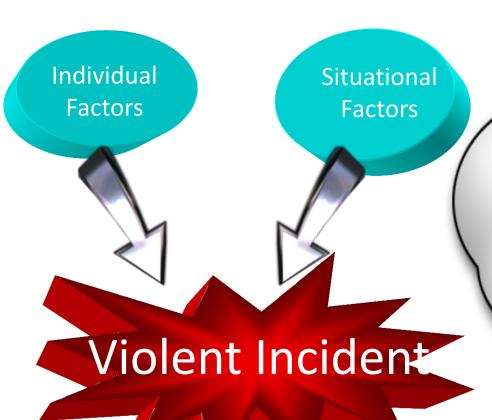
## The effects of violence

Physical and psychological harm Increased control and punitive regimes **Economic impact** Staff turnover, absenteeism and morale Reduced competitiveness Reduced public confidence

# **Duty of Care**

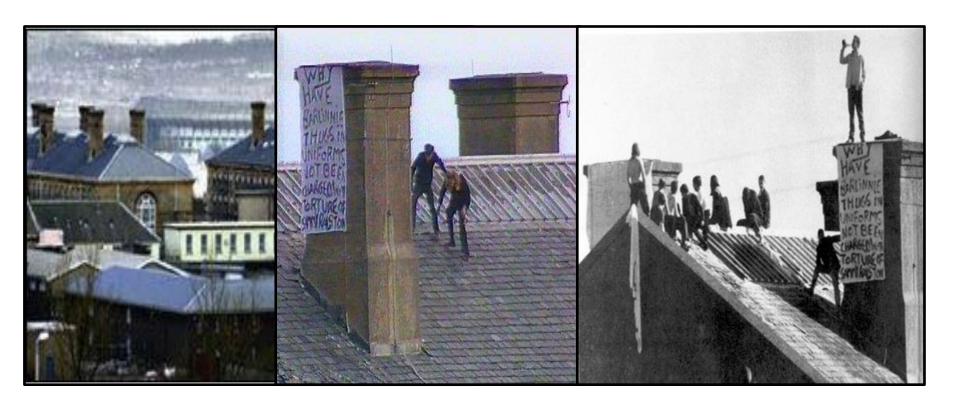
Since the threat of violence plagues all forensic institutions (prisons and hospitals) – it is important that those responsible for managing these environments have, at their disposal, a range of interventions to ensure the safety of those in their charge. (Toch, 1997)

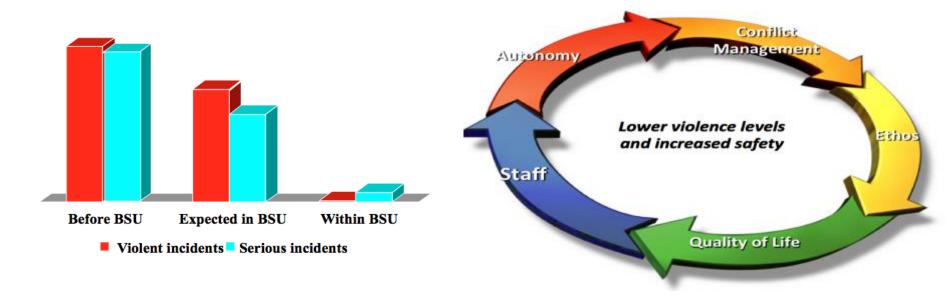
## Theories of Violence



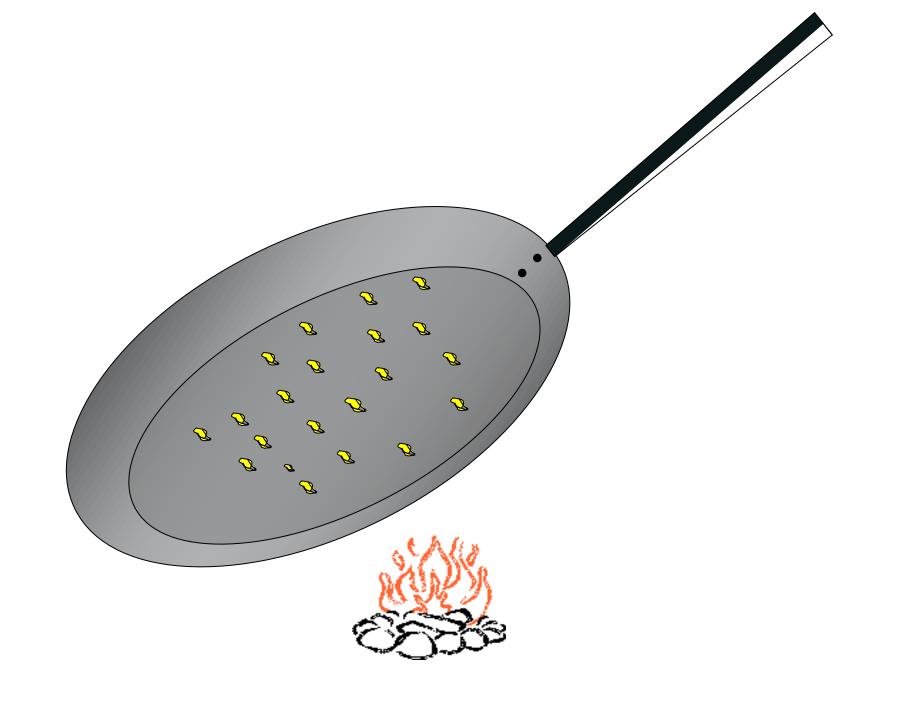
"There is no pot of gold at the end of the classification rainbow...with all our attention to the individual, we tend to underestimate the prison setting as a powerful influence on day-to-day inmate behavior."

(Clements, 1982, p. 79)

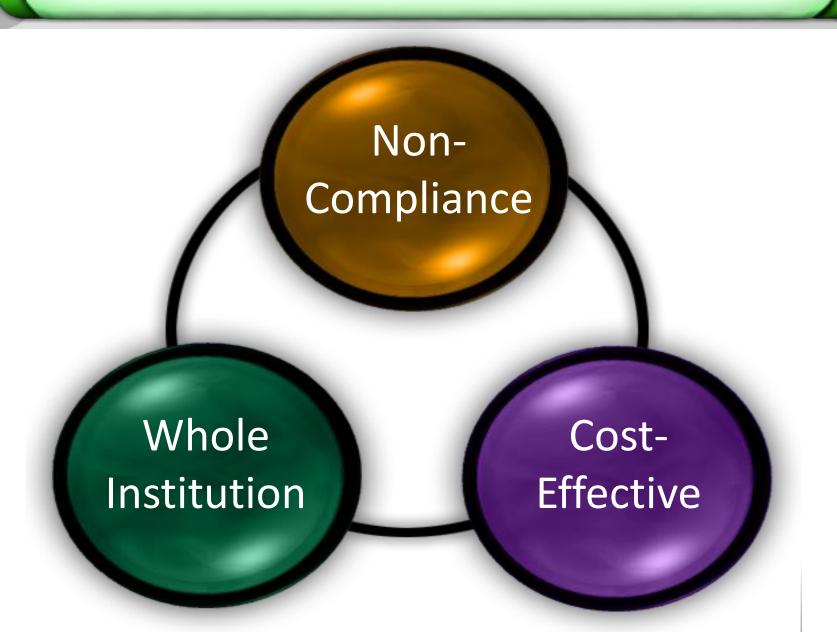




# Situational Factors



## The Situational Approach: Why?

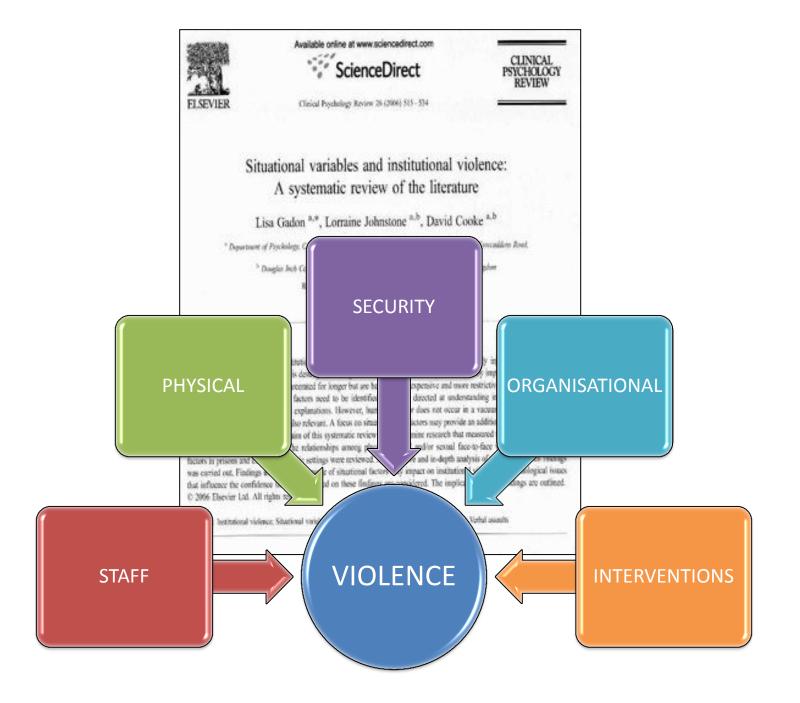


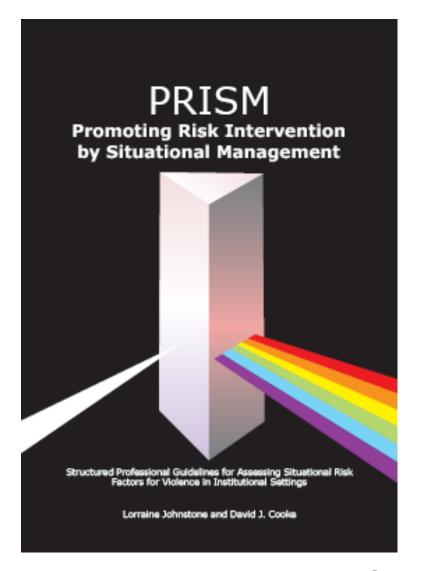
#### The Development of





Principles of Structured Professional Judgement





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#### SPECIAL SECTION: SITUATIONAL RISK FACTORS FOR VIOLENCE

#### Somewhere over the Rainbow: Improving Violence Risk Management in Institutional Settings

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Tacting violence in prisons and forensic institutions in they only for mental bothly proteosinsist. Major stickes have been made in the last treety years in the evaluation and management of individual risk factors. However, the understanding of situational—or institutional—risk factors in less well developed. This special section considers PMISM, PBISM is a set of structural professional guidelines for susceining and managing the risk of violence in institutions. In contrast to better known forms of structured judgment approaches the fices of concerns in the functioning of the institution, our the individual patient or prisoner. In this instruction prisoner is the institution of the individual patient or prisoner. In this instruction, year we describe the development of PBISM, its conceptual and empirical base, and demonstrate and propose a comport applications for the approach. We argue that PBISM can have value in a range of important practical train, but also, PBISM can be used to enhance met theoretical mandemzading of the risk procurses that andepois institutional violence.

Keywords: PRISM, institutional violence, violence risk, public health models of violence

Violence in forensic hospitals and prisons is often regarded as inevitable—as one of the pains of confinement. But is this necessarily so? Recent work suggests that psychological approaches can significantly influence the level of violence in ministration. The last two decades has witnessed impressive programs in our understanding of violence risk—and how to manager risk; individuals. Viividence-based practice has been

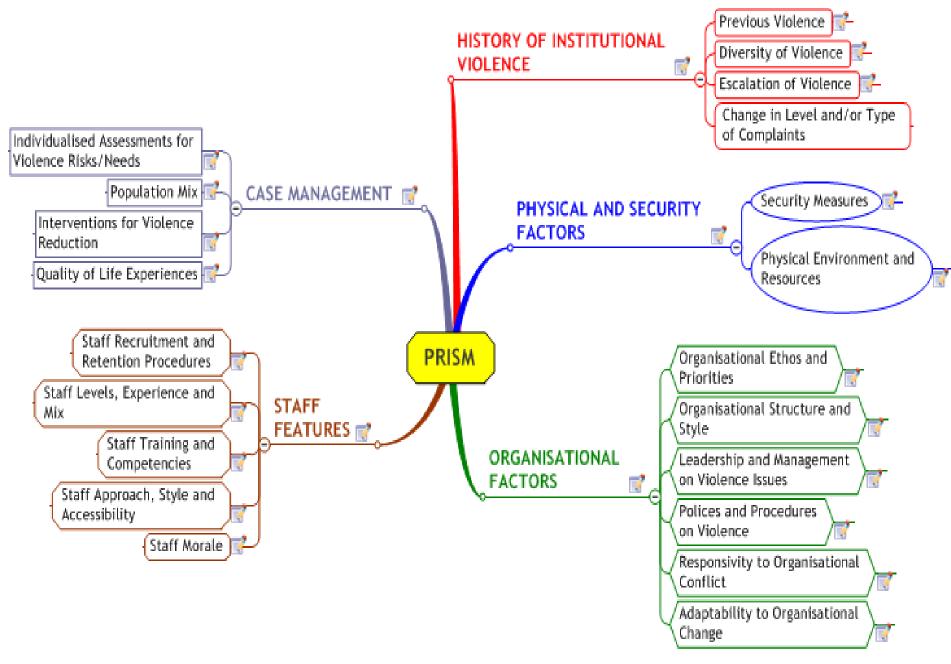
Address correspondence to David J. Conke, Glasgow Caledonian University, Corecaddon Road, Glasgow, United Kingdom Gd OlfiA, E-mail: djcooks/Fegardom, vianes co.nk

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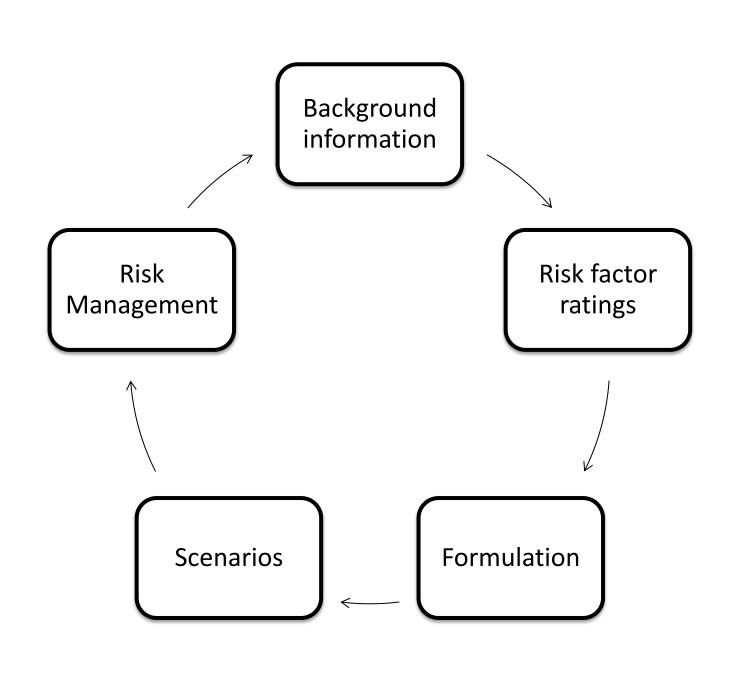
For more information about PRESM picuse use http://www.gcal. sc.sk/pinswinder.html

promoted through the development of guidelines, guidelines founded both upon empirical knowledge and upon heat professional practice (Department of Health, 2007; Royal College of Psychiatry, 2008). Clear guidelines exist for the assessment of general violence risk (e.g., Webster, Douglas, Eaves, & Hart, 1997); for spousal assault (Kropp & Hart, 1997) and sexual violence (Hart et al., 2003). However, the primary focus of these guidelines has been the individual. We believe that violence prevention can be improved by understanding- and managing-the situations in which people are incarcented. This is not a new idea. Clements (1982) considered that "There is no got of gold at the end of the classification minbow ... with all our attention to the individual, we tend to underestimate the prison setting as a powerful influence on day-to-day inmate behavior." Mental health professionals by training, experience-and perhaps inclination—are invariably focused on the individual. We believe that additional benefits can accrue, in terms of both understanding and risk management, by attending to this other class of risk factors-situational risk factors. Clinical

## www.gcal.ac.uk/prism



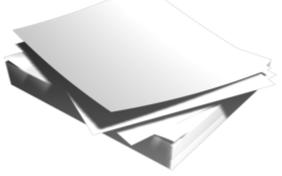
Ratings Problematic, Needs Improvement, Satisfactory or Not Known

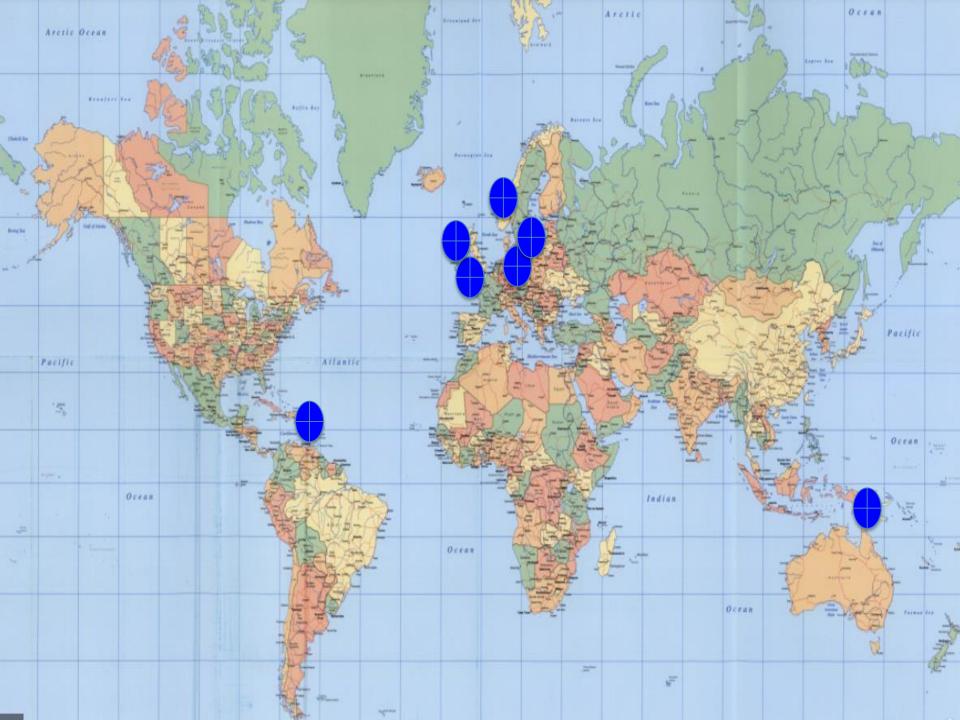


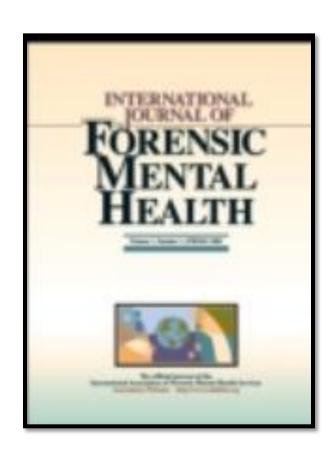
### MDT team & multi-method evaluation

- Prism Violence Rating Scale
- Interview Schedule for Staff/Patients
- PRISM Questionnaire
- Annual Reports
- Audits
- Patient Surveys
- IR1/Datix Forms
- Facilities/Estates
- Human Resources Data
- Carer Surveys
- Patient Complaints
- Programmes Evaluations
- Local Delivery Plans
- Focus Groups
- Security and Intelligence
- Records/Reports/Files etc.









Cooke and Johnstone, (2010). Somewhere over the Rainbow: Improving Violence Risk Management in Institutional Settings

Cooke and Wozniak (2010). PRISM Applied to a Critical Incident Review: A Case Study of the Glendairy Prison Riot and Its Aftermath in Barbados

Cregg and Payne, (2010). PRISM with incarcerated young people Optical Illusion or Reflection of Reality?

Johnstone and Cooke (2010); PRISM: A Promising Paradigm for Assessing and Managing Institutional Violence: Findings from a multiple case study analysis of Five Scottish Prisons.

Wilson and Tamatea (2010). **Beyond Punishment. Applying PRISM in a New Zealand Maximum Security Prison.** 

# And other confidential reports to

- Bergen Competence Centre (Prisons and Hospitals) (Norweigan PRISM)
- Denmark (new high secure hospital)
- NHS Forth Valley (locked inpatient unit)
- The State Hospital Carstairs (high secure ward)
- NHS Greater Glasgow and Clyde (low secure ward)