



CASTING LIGHT ON PRISON VIOLENCE: MANAGING SITUATIONAL RISK FACTORS

David J Cooke
Faculty of Psychology, University of Bergen

Abstract

Systematic approaches to risk assessment and risk management have made dramatic progress in the last three decades. Unsurprisingly, the focus has been on risk factors intrinsic to the individual—e.g., their history of violence, substance misuse disorder, personality pathology or violent ideation. This focus has relevance but also reflects the fundamental attribution bias, that is, the tendency, when it comes to explaining the behaviour of others, to highlight their personal characteristics and downplay contextual factors. This is the opposite of what we do when explaining our own behaviour! When it comes to violence in prisons, the context can have a substantial impact. Prisoners are not violent merely because of who they are but because of where they are—and how they are treated. My colleague Dr Lorraine Johnstone and I endeavoured to develop a procedure designed to manage situational risk factors. PRISM is a Structured Professional Judgement process designed to identify and manage the characteristics of a prison—or other secure facility—that increase the likelihood that individual prisoners will engage in violent behaviour. In this paper, I outline the origins and development of the PRISM approach, describe how it may be implemented and outline several case studies describing its application. By understanding both the individual and the institution we can prevent violence.

The Evolution of Violence Risk Assessment

It was all a bit of an enigma – Scotland’s “most violent men” were not being violent. As a young clinical psychologist, I was confronted by this enigma while working in the Barlinnie Special Unit (Boyle, 1977; Cooke, 1989; 1991; 1997). The Unit was a tiny experimental facility that contained violent prisoners who had proved themselves unmanageable in other prisons. The majority had killed – at least once: however, murder was only part their pattern of persistent and serious violence. They had been brought up in a sub-culture in which violence was normal; starting at an early age they had graduated through diverse and prolific criminal careers and were serving long prison sentences. They suffered from many known risk factors for violence-personality pathology, substance misuse, and in some cases, episodes of major mental illness. Despite this concentration of riskiness only two assaults took place during the Unit’s 21-year history (Cooke, 1989; 1997). The prisoners as a whole remained dominant, forceful, challenging, impulsive and prone to anger - yet their violence was curbed.

Since that time our ability to assess, manage and understand risky individuals has made significant strides. Perhaps of most note has been the evolution of structured professional judgement (SPJ) approaches to violence risk assessment (e.g., Douglas, Hart, Webster, & Belfrage, 2013; Eaves, Webster, Haque & Eaves-Thaiken, 2019). SPJ guides have been developed for the full spectrum of violent acts - sexual, spousal, child abuse, elder abuse, stalking and extremism (Otto & Douglas, 2010; in press). The SPJ approach is fundamentally practical. Assessors are required to evaluate risk factors that have been identified through research and/or professional practice to be relevant to risk that the individual poses of future violence. Information about risk factors is derived from multiple sources through interview, document review, staff-interviews and formal psychometric assessment. When risk factors are found to be present the assessor considers whether they are relevant to future offending; that is, are these factors causally linked to future violence or will they adversely affect any risk management strategies. The assessor generates a formulation - a mini theory - of why the individual of concern may be at risk of engaging in violence; this formulation will consider what form the violence might take and from this a risk management plan can flow. SPJ approaches fit the professional task well. They provide a common language for practitioners from many disciplines to evaluate individual cases and implement effective interventions; they place professional skill and knowledge at the centre of decision making about violence risk.

There are still challenges. The core of SPJ guidelines has been the characteristics of the individual prisoner; for example, their past pattern of violence, substance misuse, personality pathology, mental illness or sexual fantasies. This is not surprising. The developers of SPJ approaches come from professions (e.g., psychology and psychiatry) where the focus is the individual. With this focus on the individual has come the systemic failure to appreciate and manage situational risk factors. Individuals’ behaviour is influenced by their environment. Supermarkets know this. This is why expensive wine is placed at eye level, slow music is used to encourage lingering, the smell of freshly baked bread is used to trigger pleasant feelings and chocolate bars are placed by the checkout to encourage impulse buying (Ebster, 2011; Spence, 2016). Situational risk factors for violence are particularly pertinent in institutional settings such as prisons and forensic mental health facilities (Toch, 1997).

Preventing violence

In the forward to the *World report on violence and health* (WHO, 2010), perhaps the most famous prisoner of the last century - Nelson Mandela - remarked: “Many who live with violence day in and



day out assume that it is an intrinsic part of the human condition. But this is not so. Violence can be prevented.” (Forward, WHO, 2010). If we wish to prevent violence in our correctional settings it is helpful to go back to basics. The World Health Organization (WHO, 2010) provided wide-ranging evidence that violence can be prevented. There are two broad strategies for prevention, the ‘high-risk’ and the ‘population’ strategies. The SPJ approach alluded to above is a ‘high-risk’ approach; the risky individual is identified and then they are contained, treated, supervised or otherwise managed. By way of contrast, the population approach intervenes at the level of the population, or sub-population. A classic example of a population strategy is unit pricing to control alcohol consumption: price drives down the average consumption of the population leading directly to a disproportionate reduction of heavy drinkers at the upper tail of the consumption distribution (Rose, 1992). Effective population strategies for the prevention of violence would include reducing the availability of alcohol or access to weapons, changing cultural norms and expectations and developing the life-skills of children and adolescents (World Health Organisation, 2010).

It is recognised in preventative medicine that population strategies are more likely to be effective than high risk strategies when the risk factors are weak in their effect. This is the case for violence (Cooke & Johnstone, 2010; Rose, 1992). Rose (1992) explained this 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 regard to violence¹ - “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). Within the context of prisons the population approach would focus on changing policies, practices and conditions that affect everyone rather than targeting merely the “high risk”. As an approach the situational approach has a number of advantages. First, frequently there are cost benefits in intervening at the level of the institution rather than focusing all resources at the level of the individual; current assets being reorganised to provide more effective interventions (Wortley, 2002). Second, almost by definition many troublesome patients or prisoners are the least likely to engage in individualised interventions; however, they are not immune to situational interventions. Third, experience indicates that situational interventions frequently generate positive changes in the quality of life of the institution and may impact not only on violence but also on other indicators of dysfunctional institutions - self harm, suicide, drug misuse, absconding or disengagement with activities (Cooke, 2019).

So, returning to the Barlinnie Special Unit, perhaps the observed reduction in violence should not have been such a puzzle. It is likely that that a mosaic of situational risk factors underpinned this change in behaviour; these factors ranged from improved staff selection, training and morale, through a focus on relational rather than structural security, to access to a rich variety of activities (Cooke, 1989; 1997). There is nothing new under the sun; a long time ago it was written. “In some prisons an unusual degree of good conduct is induced, and the number of punishments kept low, by the personal influence of the officers, and their care in reasoning with prisoners before resorting to punishment.” (Inspector of Prisons for Scotland, 1847). 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.

1 *Recent evidence confirms that the best individual risk factor, psychopathic personality disorder as measured by the Hare scales, has little utility when it comes to predicting violence in institutions (DeMatteo et al, 2020).*

Evaluating Institutional Risk Factors: A Structured Professional Approach

A number of professional experiences heightened my awareness of the impact of situational variables on prisoners at high risk of violence. These experiences included, working in the Barlinnie Special Unit, being a member of the command team during four major prison riots in Scotland, and finally, presenting at 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 played central roles in the riots and hostage takings (Cooke, 1989; 1997; Cooke & Johnstone, 2010; 2012). My colleague Lorraine Johnstone and I identified a need for an SPJ approach to understanding institutions rather than individuals (Cooke, 2019; Cooke & Johnstone, 2010; Johnstone & Cooke, 2008). We aimed to generate evidence-based practice guidelines that could be used in forensic settings - forensic hospitals and prisons - to assist staff to reflect on how to reduce the incidence of violence by implementing population rather than high risk strategies. These guidelines are termed PRISM (Promoting Risk Interventions by Situational Management; Johnstone & Cooke, 2008) to reflect an optical analogue. A prism splits white light into its constituent elements and allows these colours to be analysed and evaluated. The PRISM guidelines examine the organisation as a whole and consider the constituent elements that affect the incidence of violence within the organisation; complexity is broken down in order that change can be approached in a practicable manner.

PRISM was developed in four steps guided by the principles of evidence-based practice. The first step was to perform a systematic review of the published literature on which situational risk factors affected interpersonal violence within the settings of prisons and forensic psychiatric hospitals. This review revealed the poverty of any consideration of this class of risk factors (Gadon, Johnstone, & Cooke, 2006). Therefore, in the second step, we sought evidence more directly, from inmates and from staff, using semi-structured interviews to capture their knowledge, understanding and experience². This was revealing. Not only did we gain evidence about what features of the institution might be salient, but also, we struck a rich seam of explanations about why such factors might serve to underpin violent incidents. Prime candidates were 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 (Cooke, 2019; Cooke & Wozniak, 2010; Cooke, Wozniak & Johnstone, 2008).

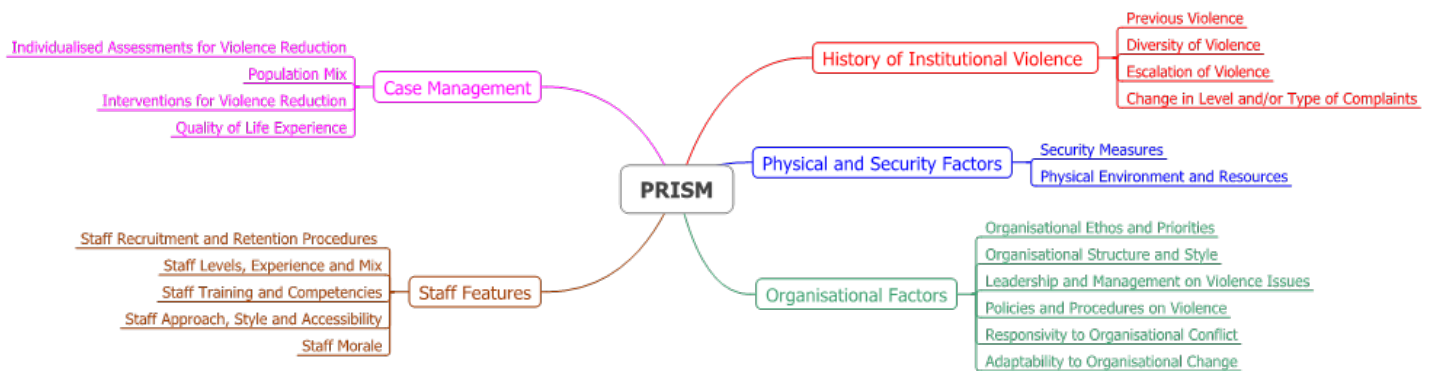
Third, the information derived in the first two steps was used to develop the PRISM protocol. We distilled and refined the information using rational criteria. We identified risk factors which we allocated to five conceptual domains captured (See below). Consistent with the SPJ practice in the PRISM manual we first defined what we mean by violence, then we defined each risk factor, we specified the range of information sources that should be considered; we described how a formulation of future violence could be generated, discussed 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 (see Figure 1) and decided that it was pragmatic to group these into five distinct domains, namely; *History of Institutional Violence, Physical and Security Factors,*

2 Prison and hospital staff and prisoners were interviewed. Collectively, the staff had over 300 years' experience working in institutions and prisoners over 100 years' experience living in institutions. Interviews were analysed using NVivo software in order to identify key themes.



Figure 1: Mindmap of PRISM domains and risk 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 previous two years. Studying this history allows the establishment of a base-line, or a benchmark, against which to compare an institution with itself over time, and with other comparable institutions. Evidence from this domain provides invaluable information for the scenario planning process used to envision the likely pattern of future violence.

The *Physical and Security* domain is concerned with two aspects, the quality of the prison architecture and environment (e.g., structural quality, cleanliness, noise, temperature, space) and the style of security. Is the built environment fit for purpose and does it conform to health and safety standards and comply with human rights? What is the quality of supervision and control imposed; does it match the level of risk imposed or is it oppressive? Security that is ill-matched, either too rigorous or too lax, can serve to promote violence, the first through a need to save face, the second by generating anxiety or tension.

The *Organisational Factors* domain is focused on the organisational strengths and weaknesses of the institution of concern, but also, it is concerned with the wider organisation context (e.g., health authority or prison system). With regard to 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 central 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 and sufficient training, do staff engage and communicate fittingly with those in their charge, do they receive appropriate support to do their jobs?

The final domain, the *Case Management* domain, is concerned with the services available to prisoners: does the institution have a systematic approach to the evaluation of the risks and needs of individuals, are appropriate treatment programmes available, and more broadly, to what extent do inmates have access to positive life 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 work in practice? PRISM was designed to create a collaborative and action orientated approach (Cooke, 2019; Cooke & Johnstone, 2010; Johnstone & Cooke, 2008). The assessment process was designed - and through experience has been refined - to be sufficiently flexible to cope with the diversity of the institutions being considered and to be adaptable enough to meet the evolving challenges faced by institutions, from the radicalisation of prisoners to the use of drones to deliver drugs and weapons into prisons. We were clear that the process must avoid being construed as 'an inspection'. The first phase is to recruit a multi-disciplinary team from the institution. The team members are trained in the PRISM process, they are trained to acquire the relevant information (a multi-modal, multiple informant approach is adopted), to evaluate that information, to assess its relevance³ for future violence, to speculate systematically about what might happen in the institution in the future and why, and most critically, to propose and implement changes designed to avoid future violence. Parenthetically, our experience of many institutions suggests that bringing together professionals from across an institution to work on a common task frequently has broader benefits of understanding and cooperation within the institution. This collaborative approach increases 'buy-in'. Buy-in increases the likelihood of change. It is critical that proposed risk interventions should be both realistic and achievable; proposed changes must fit with the capacities and capabilities of the institution. Some changes can be implemented immediately, within current resources; others require long-term planning and the acquisition of suitable resources.

To my knowledge, PRISM has been used to evaluate a wide range of prisons, forensic psychiatric hospitals and other types of secure setting in the United Kingdom, Norway, Sweden, Denmark, New Zealand, Singapore, USA and Barbados. However, because of the sensitive nature of the evaluations many organisations decide against publishing the case studies, which is unfortunate for the promulgation of good practice.

Nonetheless, there are a number of studies reporting on the application of PRISM in the research literature. 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) a prison for young offenders in England (Cregg & Payne, 2010), a 13-bedded learning disability assessment and treatment unit in Scotland (De Villiers, 2016), a medium secure psychiatric service in New Zealand (Lehany, 2016) and secure settings in Sweden (Nötesjö & Asare (2016).

Application of PRISM in the real world: Some case studies

As it has evolved, PRISM has been used for a number of purposes, from critical incident review, through "taking the temperature" of an institution, to strategic planning for the building and establishing a new institution. I will describe some examples to illustrate the range of these applications.

The pilot version of PRISM was applied in a critical review requested by the government of Barbados.

3 *Is SPJ practice "relevance" is a key term. It highlights risk factors that are critical to the team's formulation of what causes situational factors to generate violence or interfere with risk management interventions designed to obviate violence.*



In March 2005 a fight broke out amongst a small group of prisoners in Her Majesty's Prison Glendairy, Barbados. This prison was a remnant of the British empire - a large Victorian prison built in 1855 that by 2005 was in a dilapidated state. For three days this incident escalated, the authorities lost control, prisoners rioted, they set fires and engaged in so much destructive behaviour that the prison was no longer habitable. The only prison on the island was lost; a major crisis ensued. Glendairy had contained almost a thousand prisoners, adults and young offenders, males and females, those who had been convicted and those still on remand; a group of adult males were on death row. They all had to be rehoused. The authorities acted swiftly and effectively; all metal fabrication on the island ceased and temporary secure accommodation was created in a former naval base at Harrison's Point. Containment was the key priority.

Ed Wozniak and I were invited to examine the prison system; we applied the PRISM process to provide a critical incident review of the riot at Glendairy as well as an analysis of the problems inherent in the regime at Harrison's Point (Cooke & Wozniak, 2010), but more importantly, our aim was forward-focussed. A new prison was being constructed and our primary concern was not the attribution of blame for past problems, but rather, our task was ensuring that the dysfunctional elements of the penal culture that had evolved in Glendairy – and which had been hardened in the fire and its aftermath – would not be transported to the new prison.

We collected data. We carried out staff and prisoner surveys⁴, interviews and focus groups and implemented the PRISM process with a team from the Barbados prison service. The team made a large number of recommendations regarding more inclusive approaches to prison management, a programme for improving staff skill, staff morale and leadership, procedures for enhancing staff-prisoner relationships, methods for evaluating risk and needs of individual prisoners and the provision of offender-behaviour programmes. These recommendations, while drawing on best practice from an international perspective, were tailored to fit both the resources and cultures of Barbados: recommendations have to be implementable to be effective (Cooke & Wozniak, 2010). Recommendations included the implementation of a coherent and comprehensive communication strategy designed to enhance communication within the staff group and facilitate decision-making as far down the hierarchy as possible. Staff training was improved with a greater emphasis being given, for example, to effective interpersonal skills and human rights training. Front-line 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 problem that little systematic information was held about prisoners and that this lack led to capricious decision-making. The implementation of offending behaviour programmes for selected prisoners was suggested. Following our report a group of international prison experts, led by Dr Frank Porporino, were engaged to support the Barbados prison service to deliver these, and other, changes. The findings from PRISM underpinned and guided many of the policies, procedures and practices implemented in the development of the new regime.

A more typical use of PRISM is to take the temperature of institutions to determine what changes might be made to fine tune the institution's functioning. Indeed, in some settings its use for this purpose has become routine. In England and Wales, PRISM is now embedded in the Youth Custody

⁴ We carried out a census of all prisoners (over 1000) and obtained a response rate of over 93%. We carried out a related census of all prison staff, the response rate was somewhat lower (see Cooke & Wozniak, 2010 for more details).

estate; it is used for annual reviews as a diagnostic approach to promote safety in young offender institutions. During the development stage of PRISM five Scottish prisons were evaluated using a multiple case study designs, this led to a number of interventions and changes. These included the refinement of violence-recording measures, a review of the complaint procedures, the improvement of staff training regarding violence prevention, the development of a communications strategy regarding security and control, improved policies and procedures on violence issues and better individualised violence risk (Johnstone & Cooke, 2010). During this process staff tasked with implementing the PRISM process in the five institutions spontaneously shared their learning and risk management strategies. For example, they shared procedures for recording violent incidents systematically.

Very similar issues were identified in other types of secure settings, and in another country. Statens institutions Styrelse (SiS) in Sweden is a government organisation that implements compulsory and secure care of either young people with severe psychosocial difficulties or adults with severe substance abuse. Difficulties with institutional violence had been identified in their facilities. Nötesjö and Asare (2016) reported on four institutions from the 36 institutions distributed the length and breadth of Sweden. 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.

PRISM has also been used proactively for strategic planning. An example is the work undertaken to plan the transfer of Denmark's only high secure hospital to a new facility some 80 kilometres from the original. A PRISM analysis was implemented some eighteen months prior to the move. The analysis 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 challenges 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 by the hospital director (Møller-Madsen, Personal Communication, 25th May 2015), not least in releasing more resources - financial and staffing - to facilitate the opening of the new secure hospital.

An overarching 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, nonetheless, there are clear commonalities that can allow best practice to be transferred amongst organisations.

From PRISM Evaluation to Institutional Change

Any PRISM evaluation should be action orientated; designed to identify situation risk factors and indicate organizational changes that might be remediated. Such 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 improvements in prisoner activities, increases in staff-prisoner communication, enhanced contact with visitors, to the building of new facilities. How can these changes be implemented?

There is no magic formula or cookbook for effective organization change. Change management is a vast and specialized topic (e.g., Blake & Bush, 2008) which cannot be covered in this brief article. 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, perhaps supported by dispassionate outsiders. Based on experience with a wide range of institutions - in a number of countries - there are several broad lessons that can be learned about implementing changes.

First, the conditions for change should be set from the outset of the PRISM process through the careful selection of the members of the team who will engage in the process. It is important to select a range of stake-holders from all parts of the organization. It is noteworthy that merely starting the PRISM process can initiate change merely by directing the organisation's attention to the issue of violence - and the impact of situational factors. This point is well illustrated by the work of Wilson and Tamatea (2010). They implemented PRISM in three maximum-security units in Auckland prison in New Zealand. These units were troubled by serious and high-profile assaults at the time. Wilson and Tamatea trained prison staff in the PRISM process but it was a number of months before they could complete the evaluation. On their return to complete the evaluation they found, that having directed the unit staff's attention to the power of environmental factors, they 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 help the institution to do things better. 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: training should empower staff as this increases the likelihood of engagement with change.

Third, if change is to be achieved it is critical that proposed risk interventions are realistic and achievable and that the interventions fit with both the capacities and capabilities of the institution. Short, medium and long-term changes should be specified. Clearly, there will be changes that can be implemented quickly and within current resources - "quick wins" (Wilson & Tamatea, 2010), whereas other changes will require planning and the acquisition of additional 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. Identifying and tackling root causes often achieves disproportionate impact (Rooney & Heuvel, 2004).

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 perplexity in staff members. It is important that staff see the point of the changes, that the formal and informal reward systems 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 result 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 organisational change; 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.

From Risk Factors to Risk Processes

PRISM is not a panacea; PRISM merely provides a process for handling information systematically. That information has to be evaluated. Above I noted that identifying the risk factors that are present is not the end point; rather it is the first step. If we are to implement positive change in an institution the key question is not *what?* but *why?* Why does this particular feature of the institution promote, or indeed, diminish the likelihood of violence? For example, why does poor staff training, inadequate sanitation, the absence of a clear violence policy or the lack of a risk-needs assessment process increase the likelihood of violence?

The empirical work that led to the development 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 beyond 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. This is the basis of formulation (Hart & Logan, 2011).

There are many ways of viewing and evaluating data derived from a PRISM evaluation. Useful steps include the refining and aggregating of risk factors and the identification of root causes, in order to simplify the formulation and facilitate the development of a risk management plan. The twenty-two risk factors can be thought of as surface markers of underlying - unobservable - risk processes (Cooke, 2010, 2019; Cooke & Wozniak, 2012). Risk processes can be considered to be theoretical constructs that are made evident 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 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. 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. Both the literature and experience indicate that common themes that promote violence in institutions include a sense of injustice, a sense of disrespect, a sense of uncertainty, fear, loss of agency, loss of trust and the affiliative need to be violent to achieve gang membership or peer acceptance (Cooke, 2019). The identification of the fundamental risk processes can guide implementation of strategies designed to



tackle the situational drivers of violence head on.

Looking Towards the Future

There is now greater appreciation that an individual's violent behaviour is shaped by not only who they are, but critically, where they are. Over the last 20 years SPJ guides have comprehensively mapped out the terrain of individual risk factors; PRISM provides a first step towards mapping the terra incognita of situational risk factors. Yet there is still lots to do.

There are a number of key applied questions and a number of theoretical questions that require to be tackled. For example, will the situational approach work with other risks and with other types of institutions? Violence to others is not the only risk posed by those in secure settings; does this approach assist in the understanding and management of other risks; self-harm, suicide, self-neglect, victimisation, or absconding? These other risks may be further indicators that an institution is not working as well as it should. We, and others, have applied the PRISM process in low, medium and high security prisons and forensic hospitals but we only have limited evidence that the process may assist in other settings where violence is prevalent; challenging behaviour units, residential childcare environments, accident and emergency units, care homes for older adults, wards for dementia sufferers? These are key applied questions.

We still do not have incontrovertible evidence that the PRISM approach is effective in reducing prison violence. Fortunately, research on PRISM is ongoing. Within Norway eight institutions (Three prisons and five forensic health units) are being compared. In California research led by Professor Jen Skeem, and supported by the Harry S. Guggenheim Foundation, is designed to directly assess the effectiveness of the PRISM process in a prospective study. Twenty-six separate units in the Napa Valley State Hospital have been assessed using PRISM; half will be randomly assigned in order that situational risk management strategies can be implemented; the remaining units will serve as controls. In New Zealand in a large innovative prison study - Nga Tumanakotanga - led by Dr Armon Tamatea - PRISM is playing a central role in the overarching ecological approach that draws on both traditional psychological thinking and indigenous knowledge.

Violence prevention is - or should be - a key performance indicator of a well-functioning prison. The PRISM process can contribute to that indicator and improve the resilience of prison organisations. Many years ago a distinguished researcher in the field indicated: "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) It is hoped that the PRISM process will contribute to that endeavour.

LIST OF REFERENCES

- Blake, I., & Bush, C. (2008). Project managing change: Practical tools and techniques to make change happen: Pearson Education.
- Boyle, J. (1977). A Sense of Freedom. London: Handbooks.
- Cooke, D. J. (1989). Containing violent prisoners: an analysis of the Barlinnie Special Unit. *British Journal of Criminology*, 29, 129-143.
- Cooke, D. J. (1991). Violence in prisons: the influence of regime factors. *The Howard Journal of Criminal*

- Justice, 30, 95-109.
- Cooke, D. J. (1997). The Barlinnie Special Unit: the rise and fall of a therapeutic experiment. In E. Cullen, L. Jones, & R. Woodward (Eds.), *Therapeutic communities for offenders* (pp. 101-120). London: Wiley.
- Cooke, D. J. (2010). Personality disorder and violence: understand violence risk: an introduction to the special section personality disorder and violence. *Journal of personality disorders*, 24(5), 539-550.
- Cooke, D. J. (2019). Violence and the pains of confinement: PRISM as a promising paradigm for violence prevention. In D. Polaschek, A. Day & C.R. Hollin (Eds.), *The Wiley international handbook of correctional psychology*. (pp. 78-93) London: Wiley.
- Cooke, D. J., & Johnstone, L. (2010). Somewhere over the rainbow: Improving violence risk management in institutional settings. *International Journal of Forensic Mental Health Services*, 9(3), 150-158.
- Cooke, D. J., & Johnstone, L. (2012). A look through the PRISM. *The Psychologist*, 25(8), 604-607.
- Cooke, D. J., & Wozniak, E. (2010). PRISM applied to a critical incident review: A case study of the Glendairy prison riot. *International Journal of Forensic Mental Health Services*, 9(3), 159-172.
- Cooke, D. J., Wozniak, E., & Johnstone, L. (2008). Casting light on prison violence: Evaluating the impact of situational risk factors. *Criminal Justice and Behavior*, 35(8), 1065-1078.
- Cregg, M., & Payne, E. (2010). PRISM with incarcerated young people: Optical illusion or reflection of reality. *International Journal of Forensic Mental Health Services*, 9(3), 173-179.
- DeMatteo, D., Hart, S. D., Heilbrun, K., Boccaccini, M. T., Cunningham, M. D., Douglas, K. S., ... & Otto, R. K. (2020). Statement of concerned experts on the use of the Hare Psychopathy Checklist—Revised in capital sentencing to assess risk for institutional violence. *Psychology, Public Policy, and Law*. (Published on-line)
- de Villiers, J. When the ward is the patient: A case study. Paper presented at the International Association of Forensic Mental Health Services, New York
- Douglas, K.S., Hart, S.D., Webster, C.D., & Belfrage, H. (2013) HCR-20v3 Assessing risk for violence. Burnaby: Simon Fraser University.
- Eaves, D., Webster, C.D., Haque, Q., & Eaves-Thalcken, J. (2019) Risk rules: A practical guide to structured professional judgement and violence prevention. Pavilion Publishing: Hove, UK.
- Ebster, C. (2011). Store design and visual merchandising: creating store space that encourages buying. Business Expert Press.
- Gadon, L., Johnstone, L., & Cooke, D. J. (2006). Situational variables and institutional violence: A systematic review of the literature. *Clinical Psychology Review*, 26(513), 534.
- Hart, S. D., & Logan, C. (2011). Formulation of Violence Risk Using Evidence Based Assessments: The Structured Professional Judgment Approach. In P. Sturmey & McMurrin, M. (Eds.) *Forensic Case Formulation*, (pp. 81-106. Chichester: John Wiley & Sons Ltd.
- Johnstone, L., & Cooke, D. J. (2008). PRISM: Promoting Risk Intervention by Situational Management. Structured professional guidelines for assessing situational risk factors for violence in institutions.
- Johnstone, L., & Cooke, D. J. (2010). PRISM: A promising paradigm for assessing and managing institutional violence: Findings from a multiple case study analysis of five Scottish prisons. *International Journal of Forensic Mental Health Services*, 9(3), 180-191.
- Lehany, G. (2016). International perspectives: PRISM in New Zealand. Paper presented at the International Association of Forensic Mental Health Services.
- Nötesjö, G. A., F (2016). Institutional violence in Swedish compulsory care: Results form a multiple case study using PRISM Paper presented at the International Asssocation of Forensic Mental Health Services, New York



- Otto, R. K., & Douglas, K. S. (2010). Handbook of violence risk assessment. New York: Routledge.
- Otto, R. K., & Douglas, K. S. (In press). Handbook of violence risk assessment. (2nd Edition) New York: Routledge.
- Rooney, J. J., & Heuvel, L. N. V. (2004). Root cause analysis for beginners. *Quality progress*, 37(7), 45-56.
- Rose, G. (1992). The strategy of preventative medicine. Oxford: Oxford Medical Publications.
- Spence, C. (2016). Multisensory packaging design: Color, shape, texture, sound, and smell. In Integrating the packaging and product experience in food and beverages (pp. 1-22). Woodhead Publishing.
- Toch, H. (1997). Corrections: A humanistic approach. Guilderland, NY: Harrow and Heston.
- Wilson, N. J., & Tamatea, A. (2010). Beyond punishment: Applying PRISM in a New Zealand Maximum security prison. *International Journal of Forensic Mental Health Services*, 9(3), 192-204.
- World Health Organisation. (2010). Violence prevention: the evidence. Geneva: World Health Organisation.
- Wortley, R. (2002). Situational prison control. Crime prevention in correctional institutions. Cambridge: Cambridge University Press.

About the Author

David Cooke, Ph.D. is a Chartered Forensic and Chartered Clinical Psychologist. He is a Fellow of the British Psychological Society and a Fellow of the Royal Society of Edinburgh; Scotland's academy of science and letters. Currently he is a Visiting Professor in the department of Psychology at the University of Bergen, Norway (since 2006). He has been actively involved in the study of violence and personality disorder since 1985 and has published widely in this area. He has served on various Scottish and UK government committees concerning violence risk and interventions. He was President of the European Association of Psychology and Law (2009 – 2012). In 2006 he received the Senior Award for Outstanding Lifetime Contribution to Forensic Psychology from the Division of Forensic Psychology of the British Psychological Society. In 2012 he received the Doctor of the University degree from the Armenian State University and the David the Invincible Medal from the Armenian Philosophical Academy. In 2018 he received the Lifetime Achievement Award of the European Association of Psychology and Law. He has provided workshops on violence risk assessment and psychopathic personality disorder in the UK, Europe, Australia, North America, New Zealand, Australia, Russia, the Middle East, Malaysia, Singapore, Armenia, South Korea and the Caribbean.