Contents

Charlie Lloyd is a Reader in the Health Sciences Department of the University of York, *Geoff Page* is a Research Fellow in the Health Sciences Department of the University of York, *Alison Liebling* is Professor of Criminology and Criminal justice at the University of Cambridge, *Sharon Grace* is a Lecturer in Social Policy and Crime, University of York, *Lorna Templeton* is an independent research consultant, *Paul Roberts* is a substance misuse inspector for HMI Prisons, *Neil McKeganey* is the Director of the Centre for Substance Use Research, Glasgow, *Christopher Russell* is a Senior Research Fellow at the Centre for Substance Misuse Research, Glasgow and *Zetta Kougiali* is a lecturer in forensic psychology at the University of East London.

Flora Fitzalan Howard is a Chartered Forensic Psychologist in the Evidence Team of Commissioning Strategies Group at National Offender Management Service.

Deborah Fortescue, Head of Foundation, The Disabilities Trust, *Sara Da Silva Ramos,* Research Fellow, The Disabilities Trust, *Michael Oddy,* Consultant Clinical Neuropsychologist, The Disabilities Trust Foundation.

Jennifer Hogan is a Trainee Psychologist at HMP Winchester.

March 2017

Helen Elfleet is a PhD candidate and Graduate Teaching Assistant at Edge Hill University.

Dr Ulrika Haggård, is based at Swedish National Board of Forensic Medicine and Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden. ***Dr Åsa Eriksson*** is based at the Department of Clinical Neuroscience, Division of Psychology, Karolinska Institutet, Stockholm, Sweden.

The Reverend David Kirk Beedon Anglican Chaplain at HM Prison Ranby and fourth-year student on the Doctorate in Practical Theology Programme at the University of Birmingham.

Colette Barry is a PhD Candidate at Dublin Institute of Technology.

Joe Sim is Professor of Criminology at Liverpool John Moores University.

Gareth Christopher is a social sciences student and a former resident of HMP Grendon.

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Editorial Comment

In November 2016, the Government published its White *Paper Prison safety and reform*[1] setting out what were claimed to be 'the most far-reaching reforms for a generation'. The main elements of these changes included reasserting discipline, reducing violence and improving safety in prisons. Building on this foundation, prisons will have a greater focus on reducing reoffending, helping those in prison to change their lives. It is intended that these changes will be enabled by transferring greater responsibility to the frontline, while also tightening accountability for delivery. This edition of *Prison Service Journal* is not intended as a direct response to the White Paper, but a number of the contributions do address themes regarding safety and rehabilitation.

The first article by Charlie Lloyd et al, focusses on prison staff working in drug recovery units. In her Foreword to the White Paper, the Secretary of State for Justice, Elizabeth Truss, stated that success depended upon, '…prison staff who are not just security guards and minders but also mentors. Staff will have the resources, authority and tools needed to break through the road blocks to reform and take on the challenge of transforming lives'. The article illustrates that staff working in recovery units successfully took on this challenge and were having a positive impact. The article reveals that such success is dependant upon a range of factors, including the amount of staff resources available, but also the culture and values of those people, as well as a conducive working environment including architecture and building small communities. This article is complimented by Joe Sim's review of a new edition of Jimmy Boyle's famous autobiography, *A sense of freedom*. This book recounts Boyle's descent into the darkest corners of the Scottish prison system in the 1960s and 1970s. The change for him came when he was transferred to the therapeutic unit at Barlinnie. As Sim traces, despite its successes, the unit fell out of favour and was closed in 1995. This is a tale of how the reform efforts are not new, such efforts have been made successfully before, but they are often precarious, liable to be blown away in the changing political winds.

The impact of and on staff is the focus of two articles. Flora Fitzalan Howard uses her research in order to illustrate how adjudications and the formal disciplinary process can contribute towards a more rehabilitative culture within prisons. In contrast, Collette Barry's research in the Irish Prison Service illustrates the distressing and traumatic experiences of staff responding to suicides in prison. Together these show the extremes that are often demanded of those who work in prisons, where idealistic optimism exists alongside desperation.

The process of reform is addressed in two further articles. Helen Elfleet offers a critique of Baroness Corston's report on women's imprisonment, some ten years after it was originally published. Elfleet highlights how government reform strategies, including those of Corston, often reflect dominant ideologies. In this particular case, it is argued that neo-liberal ideas of self-regulation and resilience inform the approach rather than more radical notions of social justice. In contrast, The Reverend David Kirk Beedon, Anglican Chaplain at HMP Ranby, focusses on the spirit of humanity, emotional connectedness and deep relating as the core elements of a socially just institution. These articles therefore posit contrasting emphasis on whether reform is best served through altering political and social structures, or through the moral agency of individuals.

Other contributions in this article offer new approaches to understanding criminal behaviour, improving institutional safety and reducing reoffending. Deborah Fortescue, Sara Da Silva Ramos and Michael Oddy set out the case for brain injury being a causal factor in criminal behaviour and the need for better identification and intervention, while Jennifer Hogan explores the evidence for the relevance and effectiveness of mindfulness as an intervention, and also Dr. Ulrika Haggård and Dr. Åsa Eriksson evaluate the effectiveness of risk assessment tools in predicting institutional violence. These articles illustrate the broad and diverse clinical approaches that can be adopted in attempting to address offending behaviour.

The book reviews in this edition have all been deliberately selected in order to focus upon the experience of prisoners. These include autobiographies by distinguished writers such as Jimmy Boyle and Erwin James. This selection is intended to emphasise the importance of those who experience imprisonment in any discussions about reform.

Although not specifically commissioned in order to respond to the new White Paper, the contributions in this edition of *PSJ* do reflect upon major themes regarding institutional safety and rehabilitation. As always, these articles do not simply echo and amplify organisational perspectives, but instead offer an opportunity for reflection, discussion and critique.

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1.   Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf

A short ride on the penal merry-go-round:

relationships between prison officers and prisoners within UK Drug Recovery Wings

Charlie Lloyd is a Reader in the Health Sciences Department of the University of York, Geoff Page is a Research Fellow in the Health Sciences Department of the University of York, Alison Liebling is Professor of Criminology and Criminal Justice at the University of Cambridge, Sharon Grace is a Lecturer in Social Policy and Crime, University of York, Lorna Templeton is an independent research consultant, Paul Roberts is a substance misuse inspector for HMI Prisons, Neil McKeganey is the Director of the Centre for Substance Use Research, Glasgow, Christopher Russell is a Senior Research Fellow at the Centre for Substance Misuse Research, Glasgow and Zetta Kougiali is a lecturer in forensic psychology at the University of East London.

The introduction of Drug Recovery Wings (DRWs) stems from two policy initiatives: the criminal justice focus on offender rehabilitation and the drug policy emphasis on 'recovery'. Over 2011-2012, ten pilot DRWs were introduced aimed at 'challenging offenders to come off drugs'. Qualitative interviews with 102 prisoners and 98 staff revealed that DRWs were spaces where officers and prisoners related to one another in very different ways from elsewhere in the prison. Staff-prisoner relationships in DRWs were described as closer, with less formality and more one-to-one time. This was aided by a larger ratio of staff to prisoners, smaller units, more informality in dress and language, and careful selection of officers from the limited pool of *true carers*. However, the involvement of prison officers in rehabilitative work was under serious threat from the minimum staffing levels being introduced across the prison estate and the decline in officer numbers.

This article focuses on the relationships between prison officers and prisoners that have developed in the course of the introduction of pilot Drug Recovery Wings (DRWs) in ten prisons across England and Wales. Our evaluation of these pilot projects provides an opportunity to explore the 'double commission'[1] of rehabilitation and control within these units at a time where, on the one hand, the policy emphasis is on rehabilitation but on the other, prison officer numbers are in dramatic decline and welfare work is increasingly 'contracted out'. Ultimately, it raises the question of whether there is any space left within the current British penal landscape for officers to undertake rehabilitative

work in specialist drug recovery units: or indeed for officers anywhere in the system to shift their double commission towards rehabilitation.

Rehabilitation in its various guises has become a familiar horse on the 'penal merry-go-round'[2] of prison policy aims and purposes: from the original ascendency of moral reform under 18th century prison campaigners, through the 'penal welfarist' ideal steering policy between the 1950s and 1970s,[3] to its reappearance under New Labour through the merging of a crime reduction interests with an emergent and international 'what works' movement[4,5] Most recently, there has been a coming together of two strands of policy that has resulted in another wave of apparent rehabilitative zeal. First, the Coalition Government has emphasised rehabilitation as a central element of its approach to reforming the criminal justice system. The *Transforming Rehabilitation* consultation and associated Offender Rehabilitation Act (2014) have placed emphasis on 'through the prison gate' services, resettlement prisons and statutory supervision for all released prisoners. The second policy strand is the 'revival' of recovery in the addictions field.[4] While a contested term, *recovery* has become the watchword in UK drug and alcohol treatment, adopted in the title of drug strategies and local projects alike, representing a radical shift away from long-term methadone maintenance in particular, and a stronger focus on abstinence and social reintegration. However, like the penal merry-go-round, the set of ideas that underpin the current recovery 'revolution'[5] have a long and complex history of appearance and disappearance, changing definition and negotiated meaning.[6]

1. Nylander, P., Lindberg, O. and Bruhn, A. (2011). Emotional labour and emotional strain among Swedish prison officers. *European Journal of Criminology*, 8 (6), p.469-483.
2. Scott, D. (2007). The changing face of English prison: a critical review of the aims of imprisonment. In Jewkes, Y. (Ed.): *Handbook of prisons*. Portland, Oregon: Wilton.
3. Garland, D. (2001). *The Culture of Control: Crime and Social Order in Contemporary Society*. Oxford: Oxford University Press.
4. Berridge, V. (2012). The art of medicine. The rise, fall, and revival of recovery in drug policy. *The Lancet*, 379, January 7, p.22-23.
5. White, W.L. (2007). A recovery revolution in Philadelphia. *Counselor*, 8(5), p.34-38.
6. Berridge, op. cit.

The introduction of DRWs can be seen to directly stem from these policy influences. The idea of DRWs was introduced in *Breaking the Cycle*:[7]

> *We believe that, given the substantial investment in drug services, and the strong association between drug use and reoffending, we should be more ambitious in our aims to improve efficiency and effectiveness. We will therefore focus on recovery outcomes, challenging offenders to come off drugs. We will pilot drug recovery wings in prison from June 2011 to help achieve this.*

DRWs were therefore to reduce drug-related offending by 'challenging' offenders to abstain from drug use. Pilot projects, funded by the Department of Health, were introduced over 2011 to 2012 in seven adult men's prisons, one Young Offender's Institution (YOI) and two women's prisons[8] across England and Wales.

The implementation of DRWs has taken place in a challenging context. English prisons underwent two major reviews of staffing, pay, and conditions: both impacting prisons at the time of fieldwork (2013) and both aimed at ensuring that public prisons were sufficiently lean in terms of staffing and resources to be able to compete with private agencies for prison contracts. *Fair and Sustainable* sought to streamline management structures and establish a workforce that could be funded over the long-term.[9] However, within a year of its 2012 rollout, 'competition benchmarking' was introduced with the intention of making public prisons even more competition-proof. Benchmarking involved the rapid reviewing of prisons and the establishment of minimum staffing levels thought necessary to maintain order. A consequence – and indeed an aim – of this initiative was that public sector prisons' staffing levels would fall.[10] Frontline prison officers numbers dropped by 30 per cent between 2010 and 2013.[11]

A further influence has been the shift in responsibility for commissioning prison drug and alcohol services from the Ministry of Justice to the Department of Health in 2011 and from 2013, National Health Service (NHS) England. This change can be seen as part of a wider move towards outsourcing of prison functions to partner organisations.[12]

There are good grounds for anticipating that the relationships between prison officers and prisoners will be crucial to DRWs' operation. First, as will be discussed, these relationships — including the balance between control and rehabilitation — are likely to at the heart of the character and functioning of these units (as they have been said to lie at the heart of the operation of the wider prison system). Second, drug treatment studies have repeatedly pointed to the importance of the therapeutic alliance in explaining treatment outcomes.[13] Moreover, the strength and nature of such relationships in a prison drug treatment context are likely to be particularly important: not least, because drug-dependent prisoners frequently have very low levels of 'recovery capital'[14] but also because direct access to potential sources of support is inevitably limited by incarceration. Lastly, any specialist programme within prison depends to some degree on the support of discipline officers for basic logistics: securing referrals, locking and unlocking and daily movement around the prison. Prison officers are consequently in a powerful position to help or hinder such initiatives.

Many commentators have pointed to the centrality of relationships between staff and prisoners for the general functioning of the prison system.[15,16,17,18,19] In 1984, the Control Review Committee concluded:

> *…nothing else that we can say will be as important as the general proposition that relations between staff and prisoners are at the*

7. Ministry of Justice (2010). *Breaking the Cycle*. London: Ministry of Justice.
8. The pilots were located in the following prisons: Brixton, Chelmsford, New Hall, High Down, Manchester, Styal, Bristol, Holme House, Swansea and Brinsford.
9. Prison Officers Association (2012). *Fair and Sustainable. Protecting the Long Term Future of Public Sector Prisons*. POA: London.
10. Justice Committee (2015). *Prisons: planning and policies. Ninth Report of Sessions 2014-2015*. London: The Stationery Office.
11. Howard League (2014). *Breaking point: Understaffing and overcrowding in prisons*. Research briefing. London: Howard League for Penal Reform.
12. Justice Committee, op. cit.
13. Meier, P.S., Barrowclough, C. and Donmall, M.C. (2005). The role of the therapeutic alliance in the treatment of substance misuse: a critical review of the literature. *Addiction*, 100 (3), p.304-316.
14. Defined as the quantity and quality of internal and external assets that can contribute to recovery from drug and alcohol problems, including family and community capital (White, 2008; Granfield and Cloud, 1999). See also Page et al. (2016). Conspicuous by their abstinence: The limited engagement of heroin users in English and Welsh Drug Recovery Wings. *International Journal of Drug Policy*, in press.
15. Crewe, B. (2011). Soft power in prison: Implications for staff-prisoner relationships, liberty and legitimacy. *European Journal of Criminology*, 8 (6), p.455-468.
16. Liebling, A. (2011). Distinctions and distinctiveness in the work of prison officers: Legitimacy and authority revisited. *European Journal of Criminology*, 8(6), p.484-499.
17. Liebling, A., Price, D. and Shefer, G. (2011). *The Prison Officer*. Oxford: Willan.
18. Philiber, S. (1987). Thy brother's keeper: a review of the literature on correctional officers. *Justice Quarterly*, 4 (1), p.9-37.
19. Stevens, A. (2013). *Offender Rehabilitation and Therapeutic Communities. Enabling Change the TC Way*. London: Routledge

heart of the whole prison system and that control and security flow from getting that relationship right.[20]

For the prisoner, the stuff of prison life largely consists of interactions with other prisoners and prison officers: and the nature, tone and meaning of these relationships have far-reaching consequences for their time inside. Moreover, these relationships are often 'enduring and challenging':[21] forged in the context of an extreme imbalance of power but often involving frequent contact over long periods of time.[22] According to Crewe, officer-prisoner relationships have improved in recent decades, there being 'no longer an unbreachable barrier between prisoners and uniformed staff…'[23] He sees this 'reduction in social distance' as having been achieved in part through 'soft power', whereby prisoners' court officers to secure favours and privileges; and officers seek closer relationships with prisoners (at least in part) with the aim of proactive policing or 'dynamic security'. Other have focused on the complex and sophisticated nature of power and authority as it is enacted (and, all-importantly, not enacted) by officers on the landings.[24, 25] While prison officers may describe what they do as 'common-sense', research has shown great subtlety and judgement in their maintenance of order: more often than not, holding power 'in reserve', without needing to use it or threaten its use.[26] However, despite the widely-agreed centrality of relationships 'at the heart' of prison life, limited research has been carried out on the nature of staff-prisoner relationships in the general prison population,[27] and still less on those in specialist units where the emphasis is on rehabilitation and recovery.

A central issue here is the prison officer's 'double commission' of rehabilitation and control.[28] As American prisons increasingly adopted a rehabilitative mission from the 1950s onwards, Cressey identified new contradictory expectations for officers. While he saw such contradictions in both 'custodially-oriented' as well as 'treatment-oriented' prisons, he regarded the responsibilities in the latter to be 'more sharply birfurcated,' involving therapeutic goals, while also maintaining order. This made the job 'an extraordinarily difficult one', beset by contradictory directives.[29] Drawing on role theory,[30] later commentators cast this contradiction in terms of 'role conflict',[31] whereby employees have multiple, incompatible organisational role expectations. More recently, a further wave of authors have focused on this issue.[32] However, while it is contended that some mix of welfare and security/control is discernible throughout the prison system, few studies or commentators have attempted comparative studies of how the make-up of this mix might vary across different locations within prison systems.

A rare exception is Nylander and colleagues' study of treatment, special, security and regular wings in five Swedish prisons[33, 34] They conclude that 'in treatment wings and open prisons the focus is on closeness and good relations at the expense of security issues, and the opposite goes for special security wings which are characterised by distance, detachment and security.'[35] Tait in her qualitative study in two British prisons,[36] identified five types of prison officer approaches to caring for prisoners. *True Carers*, were characterised as joining the Prison Service to help people and showed empathy towards prisoners' problems in their work. By contrast, *Conflicted* officers were much less empathic and often conflated care with control.[37] While this was a qualitative study involving interviews with 45 prison officers, Tait tentatively estimated the prevalence of *True Carers* in the men's estate as 15 per cent. Of particular relevance here, *True Carers* tended to cluster in specialist care units.

A larger body of work has focused exclusively on relationships in rehabilitation or treatment-oriented units: for example Therapeutic Communities (TCs). In their detailed study of HMP Grendon (a full-prison TC),

20. Home Office (1984). *Managing the Long-Term Prison System*. The Report of the Control Review Committee. Cmd. 3175. London: HMSO. Para 16.
21. Liebling, op. cit., p.488.
22. Philiber, op. cit.
23. Crewe, op. cit., p.456.
24. Liebling, op. cit.
25. Liebling *et al.*, op. cit.
26. Ibid.
27. Ibid.
28. Nylander, P., Lindberg, O. and Bruhn, A. (2011). Emotional labour and emotional strain among Swedish prison officers. European Journal of Criminology, 8 (6), p.469-483.
29. Cressey, D.R. (1959). Contradictory Directives in Complex Organisations: The Case of the Prison. *Administrative Science Quarterly*, 4, p.2-3.
30. Katz, D. and Kahn, R.L. (1966). *The social psychology of organizations*. New York: Wiley.
31. See, for example, Philiber, op. cit.
32. See, for example, Nylander et al., op.cit.
33. Bruhn, A., Nylander, P.Å. and Lindberg, O. (2010). The prison officer's dilemma. Professional representations among Swedish prison officers. *Les Dossiers des Sciences de l'Education*, 23, p.77-93.
34. Nylander *et al.*, op. cit.
35. Bruhn *et al.*, op. cit., p.11.
36. Tait, S. (2011). A typology of prison officer approaches to care. *European Journal of Criminology*, 8(6), p.440-454.
37. Other types were 'limited carers', 'old school' and 'damaged'.

Genders and Player suggest that control was 'almost entirely dependent upon the degree to which officers and inmates are able to modify their traditional prison roles, in order to break down the social divide between the 'keepers' and the 'kept', and to facilitate co-operative relationships and alternative working practices'[38] (p.122). Accordingly, officers broke with traditional working practices, forming relationships with prisoners marked by individualism, permissiveness and trust. The large majority of prisoner interviewees reported that the officers at Grendon were fundamentally different from those they had encountered elsewhere. While a third attributed this to differences in terms of personal qualities, the majority ascribed it to the particular environment at Grendon, which allowed officers to adopt different ways of working.

More recently, Stevens undertook 80 interviews with 60 prisoners and 20 staff in the TCs at Grendon, Send and Gartree (although the main focus was on Grendon).[39] Again, officers from TCs were seen as 'a different breed' from the 'system screws' elsewhere: believing in the ability of prisoners to change and responding to prisoner requests and enquiries in a timely and sympathetic fashion. When TC participants were asked to describe the officers working with them, the most frequent adjective used was 'caring'. Stevens describes how TC officers were cognisant of their image: as one officer put it, 'we're 'care bears', all pink and fluffy', with concomitant stigmatisation from their peers elsewhere in the prison.

Turning to studies of prison drug treatment, Giertsen et al.[40] and Kolind et al.[41] report on a qualitative, comparative study of drug treatment in three prisons in each of Denmark, Finland, Norway and Sweden. Kolind and colleagues describe how officers on treatment wings tend to be self-selecting, having often applied for jobs in these units. Once there, they are then 'more exposed to rehabilitative thinking and practices than in the rest of the prison,'[42] further contributing to their treatment-oriented occupational identity. These findings suggest that not only

> When TC participants were asked to describe the officers working with them, the most frequent adjective used was 'caring'.

do caring officers migrate to caring roles (as Tait contended) but, once there, officers are influenced by the treatment environment. Akin to Stevens and Tait, Kolind and colleagues also note that officers on treatment wings felt 'looked down upon by colleagues working regular prison wings.'[43] Prisoner attitudes to officers varied, depending on their role: where officers participated fully in counsellor-led group sessions in Sweden and had frequent daily contact, views were positive.[44] Indeed in such circumstances, officers could be regarded as a kind of co-therapist, similar to the externally employed drug counsellors. However, where officers had limited contact with prisoners and kept to their offices, they were regarded simply as guards.

McIntosh and Saville[45] focused on the role of prison officers in a Scottish prison's addiction centre, finding that prison officer commitment to the treatment role varied considerably and profoundly affected treatment delivery and prisoners' experiences of treatment. Officers described maintaining a difficult balance between discipline and therapy: but that discipline duties 'always come first' (p.239). Attitudes ranged from regarding injecting drug users as 'low life scum' through to a sympathetic understanding of prisoners' need to self-medicate (p.237). As a group, addiction centre officers were thought to be considerably more supportive than officers in the main prison, the majority of whom would rather 'put them against a wall and shoot them' (p.238). The small size of the centre facilitated more relaxed relationships, with officers being on first name terms with prisoners.

Commentators have suggested fundamental differences in attribution between prison officers in caring and regular roles. Bruhn and colleagues[46] refer to Muir's 'tragic' and 'cynical' world views adopted by police officers.[47] The former encompasses the tragic nature of the human condition and the influences that shape it and holds that people are all fundamentally alike. The latter holds that people are either essentially good or bad and that this is a fundamental difference in their natures. The former implies the potential for engagement and change;

38. Genders, E. and Player, E. (1995). *Grendon. A Study of a Therapeutic Prison*. Oxford: Oxford University Press, p.122.
39. Stevens, op.cit.
40. Giertsen, H., Nylander, P.Å., Frank, V.A., Kolind, T. and Tourunen, J. (2014). Prisoners' experiences of drug treatment and punishment in four Nordic countries. *Nordic Studies on Alcohol and Drugs*, 32, p.145-164.
41. Kolind, T., Frank, V.A., Lindberg, O. and Tourunen, J. (2014). Officers and drug counsellors: new occupational identities in Nordic prisons. *British Journal of Criminology*, published online: November 13, 2014.
42. Ibid., p.10.
43. Ibid., p.10.
44. Giertsen *et al.*, op. cit.
45. McIntosh, J. and Saville, E. (2006). The challenges associated with drug treatment in prison. *Probation Journal*, 53, p.230-247.
46. Bruhn *et al.*, op. cit.
47. Muir, W.K. (1977). *Police: Streetcorner Politicians*. Chicago: University of Chicago Press.

the latter distancing and separation. In a similar manner, Nielsen and Kolind[48] describe 'institutional images of typical inmates' that underlie prison officers' understanding of prisoners' problems and needs, although they stress their 'oscillating' nature across the 'fuzzy boundaries' between constructions of the prisoner as offender or client.

Prison officers' different approaches to recovery and control may therefore reflect more fundamental differences in their world view and the attribution of blame. Those regarding prisoners with a history of drug dependence as, at least in part, tragic victims of circumstance, may be more inclined towards the rehabilitative. Cynics, who see substance use simply as a matter of personal choice — with blame attached accordingly — are likely to incline in the opposite direction. Blame can be seen as lying at the heart of the particular stigma attached to drug dependence.[49] Attribution of personal blame is therefore likely to obstruct supportive working with substance users in any environment.

The last twenty years have witnessed a dramatic increase in the provision of prison drug treatment in the UK.[50] However, only one previous British study has focused on staff-prisoner relationships in a specialist drug treatment unit.[51] This article makes a substantial contribution to this literature by offering a comparative study of the role of prison officers working in DRWs across ten prisons in the UK at a time when, despite the policy emphasis on recovery, prison officers' involvement in rehabilitation is endangered.

> The last twenty years have witnessed a dramatic increase in the provision of prison drug treatment in the UK.

Methods

As part of a substantial evaluation of the pilot DRWs funded by the Department of Health[52], detailed qualitative interviews were conducted with 102 prisoners and 98 staff across the 10 pilot DRWs as part of a rapid assessment. Rapid assessment methodologies are common in the development of health-focused interventions, including drug treatment.[53] These interviews were conducted by a team of five researchers in early 2013. A convenience approach was taken to recruiting prisoners for interview: in most cases, staff identified available DRW prisoners and asked them if they were happy to participate. However, in others, prisoners were independently recruited, having expressed interest in taking part in the study as they passed the researchers on the wing. Such methods are often necessitated by the complexities of the prison environment.[54] Furthermore, fieldwork was conducted at short notice, during prisoners' working days and in wings managing turnovers of frequent new arrivals. Chance therefore played an important part in determining who was available for interview. Staff unlocked prisoners for interviews, which took place in private offices and training rooms that precluded the possibility of being overheard.

The staff most involved with the DRWs were purposively sampled, usually including uniformed wing officers and governor grade staff. Fieldwork also involved considerable periods of time awaiting the appearance of officers, prisoners and free interview rooms. This provided valuable opportunities to observe the wings and take notes on the structure and nature of the wings, and the interactions going on within them.

Additionally, detailed face-to-face interviews were conducted with two central government policy contacts, closely involved with the development and implementation of DRWs. A one hour telephone interview was also conducted with the chief executive of a charity involved with the provision of drug treatment in prisons.

Prison interviews were face-to-face, semi-structured, recorded and fully transcribed.[55] The

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48. Nielsen, B. and Kolind, T. (2016). Offender and/or client? Fuzzy institutional identities in prison-based drug treatment in Denmark. *Punishment and Society*, in press.

49. Lloyd, C. (2013). The stigmatisation of problem drug users: a narrative literature review. *Drugs: Education, Prevention and Policy*, 20(2), 85–95.

50. Patel Report (2010): *Reducing drug-related crime and rehabilitating offenders*. London: Department of Health.

51. McIntosh and Saville, op. cit.

52. For an overview see Lloyd, C., Page, G., Russell, C., McKeganey, N. and Liebling, A. (2013). *Evaluation of the Drug Recovery Wing Pilots: Scoping and Feasibility Report.* http://www.york.ac.uk/media/healthsciences/images/research/mharg/projects/scoping%20and%20feasibility%20report%20with%20full%20appendices%2031.3.14.pdf.

53. Stimson, G.V., Fitch, C., Jarlais, D. D., Poznyak, V., Perlis, T., & Rhodes, T. (2006). Rapid assessment and response studies of injection drug use: Knowledge gain, capacity building and intervention development in a multisite study. *American Journal of Public Health*, 96(2), p. 289–295.

54. See, for example, Heidari, E., Dickinson, C., Wilson, R., & Fiske, J. (2007). Oral health of remand prisoners in HMP Brixton, London. *British Dental Journal*, 202, E5.

55. All but one interview were recorded and transcribed. One prisoner refused to have his interview recorded and detailed notes were taken.

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majority lasted between 20 minutes and an hour. Our analytical approach drew on adaptive theory[56] which, whilst recognising the principled advantages of grounded approaches,[57] seeks to avoid the hazards of an entirely emergent approach. Thus, semi-structured interviews were developed to reflect prominent themes identified in relevant studies and policy documents. This theoretical backbone provided the outline of a hierarchical coding tree. However, questions were often answered with considerable nuance and in great detail; and some unanticipated topics arose. Supporting this flexibility, adaptive theory allows for the development of emergent codes around a coding process 'crank-started' by deductive means.[58] Framed by this structure, all interview transcripts were entered into NVivo 9 and coded using an adaptive and emergent coding system.[59] The final coding tree had four hierarchical levels, with seven lead nodes and 150 lower level codes.

Ethical permission for the study was sought and received from three different bodies.[60]

The samples

Nineteen female and 83 male prisoners were interviewed. The adult men had an average age of 35, ranging from 22 to 53 years, and were serving sentences averaging 22 months. The women had an average age of 37 (range 19 to 62 years) and were serving sentences of 32 months on average. The YOI interviewees were aged 18 to 21 years and had a sentence average of 76 months.

Of the 98 staff, 47 were prison officers or governors. Of these, eight were at least partly funded through the NHS. Other staff interviewees included nurses, through-care/link workers, and third sector workers trained in delivering psychosocial drug interventions.

The Prisons

To maintain interviewee anonymity, the women's prisons are referred to in the following section as F1 and F2; and the men's prisons as M1 to M8.

Findings

The DRW pilots were found to vary considerably in their nature, size and aims[61] and the composition of DRW teams likewise varied. While at F1 and M3, the staff on the DRW was comprised solely of professional drug workers (barring duty prison officers responsible for

security), at M7 and M8 nearly all the activities on the wing were undertaken by selected, uniformed prison officers. A number of DRW teams (F2, M1, M2, M4 and M6) included specialist, non-uniformed prison officers and M5 had a mixed team consisting of uniformed prison officers, psychosocial workers and a clinical team.

Care and control

Officer accounts of their relationships with prisoners tended to focus on the difference between DRW prison officers and the larger body of prison officers elsewhere in the prison. There was a strong sense of an unsympathetic prison officer culture outside the DRW and the consequent need for DRW officers to be carefully selected, in order to maintain the values of the DRW and work effectively within it. While DRW officers described themselves as caring and listening, officers elsewhere were viewed as 'turnkeys'.

We're fluffy officers in the DRW… (prison officer, M4).

A lot of the staff that are on here are prepared to listen to prisoners rather than just wanting to bang them up (prison officer, M8).

This narrative of a more caring approach was linked to a belief in the potential for change. Reflecting Stevens' work,[62] a number of prison officers spoke of a general divide between officers that believed that prisoners could reduce or give up their drug use and offending and those who did not. The large majority of DRW officers fell into the former category and the values they appeared to espouse set them apart from the wider prison officer culture, leading them to be regarded with suspicion.

Prisoners also recognised that, as a body, the DRW officers were more caring and took a more personal approach than officers elsewhere in the prison: the word 'help' was frequently used in these accounts. This view was virtually universal among the prisoners we interviewed.

They actually don't treat you like a criminal. Or they don't give you that feeling really. They just feel more like they're there to help you really (prisoner, M6).

56.   Layder, D. (1998). *Sociological Practice: Linking Theory and Social Research*. SAGE: London.
57.   Glaser, B.G. and Strauss, A. (1967). *A Discovery of Grounded Theory. Strategies for Qualitative Research*. Sociology Press: Mill Valley
58.   Layder, op. cit., p.117.
59.   Seale, C. (2004). Generating Grounded Theory. In: Seale, C. (Ed), *Researching Society and Culture* (pp.240-247). SAGE: London.
60.   The University of York Department of Health Sciences Research Committee, The National Offender Management Service National Research Committee and the NRES Committee East of England — Essex.
61.   Lloyd *et al.*, op. cit.
62.   Stevens, op. cit.

Even in the more troubled DRW at F2, where relations between officers and prisoners were clearly strained, prisoners begrudgingly admitted that officers on the wing were generally more supportive than elsewhere.

I wouldn't say it was brilliant but they proper help you and that up here. It's not like staff in a normal location, up here they're proper supportive and that (prisoner, F2).

A key feature of this more caring approach was a high level of one-to-one contact with officers:

If I've got any problems I can go and talk to him and he helps me out. If I'm feeling low or if, things that have happened like in my childhood, I'm getting really down, I can talk to him about. Which I couldn't talk to other officers about (prisoner, M1).

Many (but not all) officers on DRWs therefore took the opportunity to spend time with the prisoners, getting to know them better and attempting to help them with current and past problems. This was reflected in officers' accounts of 'going deeper' into prisoner's lives, dealing with historical problems that they saw as underpinning their present situation. Such a caring – to some degree therapeutic – role was often juxtaposed with their disciplinary and security role. Reflecting Nielsen and Kolind's 'fuzzy boundaries',[63] one M6 officer gave a graphic description of the flexibility the DRW role demanded:

The problem is that you go from possibly rolling around the floor with a prisoner you've been fighting with, to 10 minutes later talking about the fact that his wife's left him and he feels like using again. You have to be flexible all the time (prison officer, M6).

The issue of boundaries and rules frequently surfaced through these interviews. There was a clear tension, frequently expressed by prison officers, between the helping, 'therapeutic' role and the need to enforce rules.

You're helping them in ways that you've probably never helped a prisoner before. So obviously there's borderlines that you can't

cross and they can't cross but you know from a professional point of view you build up quite a good relationship with them (prison officer, M8).

Interestingly, while caring and discipline were frequently described as polar opposites, some officers referred to the security dividends that could result from more intimate relationships with prisoners. Prisoners whose behaviour appeared challenging or out of control were often thought to have underlying emotional problems which, if addressed, could improve security. Furthermore, greater proximity and trust between staff and prisoners was associated with greater sharing of information – particularly about drugs circulating on the wing.

Officers in the DRWs were also largely seen to be more responsive to requests for practical help. Crewe has described prison as 'an environment where deficits in information, control and personal autonomy are inherent.'[64] Prisoners therefore often need the support of officers to 'get things done'. On DRWs, there seemed to be much more scope and inclination for officers to respond to prisoner requests: partly because of the greater ratio of staff to prisoners but also, it seemed, because officers on DRWs tended to be more familiar with prisoners' lives and problems, and therefore more sympathetic.

The particular roles played by officers on DRWs undoubtedly affected their relationships with prisoners. In the two DRWs (M3 and F1) where officers had no therapeutic role, there was a familiar focus on the 'good' and the 'bad', found in other prison research:[65]

I do get on with the officers man: like if I see them on the street I would shake them by the hand. Do you get me? Some I would slap… [but] most of my friends that are in jail get on with the officers and that. And they're not on the DRW. (prisoner, M3).

Reflecting the wider important function of humour in prisons,[66] a prisoner in F1 referred to joking with prison staff, if joking with an edge:

They're very sarcastic and they can be [pause] annoying. But I guess we all can be that way really [laughs]. But they can get you easily wound up, even if they jokingly do it. But yeah. They can be alright as well (Prisoner, F1).

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63. Nielsen and Kolind, op. cit.
64. Crewe, B. (2011). Soft power in prison: Implications for staff-prisoner relationships, liberty and legitimacy. *European Journal of Criminology*, 8(6), p.458.
65. Liebling *et al.*, op.cit.
66. Nielson, M.M. (2011). On humour in prison. *European Journal of Criminology*, 8 (6), p.500-514.

However, interviewees did not refer to a greater depth of relationship on these wings.

Elsewhere, as described above, relationships appeared to be qualitatively different and, reflecting Giertsen and colleagues' work,[67] the greater officers' therapeutic involvement, the closer the relationships appeared to be. Indeed, where teams was delivered by mixed teams of prison officers and third sector staff, prisoners tended not to differentiate, seeing them as individuals rather than members of professional groups.

Time and wing size

On the smaller DRWs, officers and prisoners alike referred to the greater amount of time they had to talk.

So people can knock on the door and say: 'well I've got some problems, can I have a chat?' And there's more time to do that because there's less numbers. So I think that's like a major difference (prison officer, M2).

In observing these wings we saw officers sitting with prisoners, talking, joking, playing cards, drinking tea and doing jigsaw puzzles. This seemed far removed from the more formal relations seen on large DRWs, where prison officers tended to always be involved in purposeful action if on the landings (if they were not in their wing offices). The more informal, interactive atmosphere on rehabilitation-oriented wings has been noted elsewhere.[68, 69]

The rehabilitative (and, to some extent, the instrumental) role of prison officers was therefore clearly linked to time and wing numbers. The high ratio of officers (and other staff) to prisoners on some DRWs provided the space for prison officers and prisoners to talk. As will be discussed later, in the majority of DRWs this space was under threat from the wider policy environment.

Language and uniform

In addition to time and space, there were other facets of the DRW environment that appeared to be connected with more therapeutic, recovery-oriented relationships. In M1, M2 and F2, prison officers had been selected and trained as specialists. They wore a navy polo shirt ('soft' uniform) instead of the traditional white shirt and officers and prisoners saw this as significant.

Speaking of the specialist 'Inside Out' officers in M1, the following prison officer described how:

The service users, it takes a little while for them to gain… I suppose to trust a new Inside Out officer. Because they used to see him in a white shirt and they turn up in a blue shirt… but that trust does come… The officers that wear the white shirts, they've got no understanding of drugs and alcohol (prison officer, M1).

The white shirt was a potent symbol and the significance of officers wearing other garb should not be underestimated:

Yes a lot of prisoners do see them as an enemy, they see that uniform and they think it's like a red rag to a bull sort of thing (prisoner, M7).

Dress therefore appeared to be significant: both in terms of allowing prisoners to differentiate between specialist and non-specialist officers but also because it helped officers to carve out a different, more rehabilitative role. However, it is notable that the DRW where officers appeared to be held in the highest esteem by prisoners — M7 — was entirely manned by uniformed prison officers. The explanation for this is not immediately clear. It could be that rules and boundaries were more readily enforced because officers retained their visible authority, although this was not explicitly referred to by staff or prisoner interviewees. Alternatively, as one officer pointed out, M7 is a local prison, and the experienced officers on the DRW knew a number of the prisoners from the past and were familiar with their backgrounds. There was also a firm policy of protecting M7's limited pool of officers from being re-deployed elsewhere. Officers rarely came from elsewhere on the prison: and where they did so, they tended to be unpopular with the prisoners.

Language also arose as an important issue.

Yeah, we always, especially down there, it's first names. We have to get away from those sort of barriers to uncover and help them with their recovery (prison officer, M2).

> In observing these wings we saw officers sitting with prisoners, talking, joking, playing cards, drinking tea and doing jigsaw puzzles.

67. Giertsen *et al.*, op. cit.
68. Kolind *et al.*, op. cit.
69. Nylander *et al.*, op.cit.

Prisoners interviewed in M7 and M8 said that they particularly appreciated prison officers calling them by their first name, one referring to how this made him feel 'like you're human' (M8).

The language used to describe DRW prisoners appeared to reflect their somewhat ambiguous status. Staff variously described them as prisoners, clients, service users and patients. One officer demonstrated heightened awareness of the contextual implications of such language:

> *To you [the researcher] they're my clients. But they are prisoners. … I could be talking to a group of volunteers … And if I say 'prisoner this, prisoner that' they get the hump straight away… So if there's a volunteer or the church people or other people come in I can just change tacks slightly so that I'm on the same level. But I would say to them at the end of the day they're a prisoner* (prison officer, M1).

Another officer at M6 saw 'client' as a term that prisoners had to earn:

> *If someone has made a long term commitment to work towards abstinence: made a transition from being maintained to going into recovery, then they deserve the dignity of being classed as a client rather than a prisoner* (prison officer, M6).

The language used therefore varied considerably, with some officers clearly aware of its significance. In this context, Donohue and Moore[70] have contrasted two 'penal subjectivities': on the one hand, 'offenders' and 'prisoners' that are the passive objects of punishment and, on the other, 'clients', with pathologies and needs, who are expected to engage with their own rehabilitation. Addiction tops the list of pathologies associated with the construction of a 'client' subjectivity.[71] This work has considerable resonance with the DRW context. The way in which DRWs have tended to select motivated prisoners has been dealt with elsewhere.[72] As the M6 officers asserts above, for him, the term 'client' was reserved for those who were motivated and actively committed to change. To gain 'client' status DRW prisoners therefore needed to be active participants in their treatment.

> …'trust' and 'respect' were words frequently used by interviewees in discussing relationships.

Selectivity, training and knowledge

Occasionally, for operational reasons, prisoners without drug problems were housed on DRWs and this could seriously undermine therapeutic programmes.[73] The appearance of untrained, unsympathetic staff on the wing had a similar effect and the selection of DRW officers therefore appeared to be crucial.

> *Probably 80 per cent of the staff on here [the DRW] all said that they want to be involved. Because they didn't just want to be turnkeys. They want to do something a bit more. So…they already had that bit of buy in* (prison officer, M3).

Serious problems arose when DRW managers lost control over the staffing:

> *…we've now got [some] new officers that have no understanding of substance misuse — actually aren't particularly interested in substance misuse. Don't want training. And that's where the difficulty lies. They're not rude. They go out there do their prison officer job. They'll do their personal officer 1-1 sessions. But they're not interested in the reasons for the clients' offending. They're not interested in the reasons the client started using substances. And actually, don't have an awful lot of understanding or empathy as to why they might've started using. So it's almost as if we're starting again* (prison officer, M6).

There is the sense here that DRWs' social environments were quite delicate and readily undermined by the appearance of unsympathetic officers and/or prisoners. This may reflect the relatively new, 'pilot' status of these projects, and their emergent nature. However, there is also a sense in which DRWs required honesty and trust on both sides to function well: 'trust' and 'respect' were words frequently used by interviewees in discussing relationships. Such relations could be endangered when 'outsiders' appeared on the wing.

However, it was also possible for new officers to be influenced by the environment:

70. Donahue, E. and Moore, D. (2009). When is an offender not an offender? Power, the client and shifting penal subjectivities. *Punishment and Society*, 11, p.319-336.
71. Ibid., p.322.
72. Page *et al.*, op. cit.
73. Lloyd *et al.*, op. cit.

The discipline staff…they weren't really interested at first and then a couple of the officers were taking a little bit of an interest and then all of a sudden you had officers sitting in on the groups. Now to me that was a massive change (prisoner, M2).

Where DRWs housed high proportions of injecting drug users, prisoners emphasised the need for trained staff who understood addiction and refrained from stigmatisation and false assumptions. In F2, an appreciation of the rigors of detoxification was thought particularly important:

Yeah, because if they don't understand — when the girls are going through detox and that they don't understand the shouting and all the girls' emotions are coming out…They're just going to burst into tears and not know what they're crying for and they're going to end up getting warnings, negative comments shouted back at them (prisoner, F2).

A single community?

The DRWs at M2 and F2 had small, separate and intensive regimes and prison officers in both spoke of the importance of a more equal approach to relationships on the wing, echoing in places the language of TCs.

This is a pro-social environment where everybody is entitled to challenge each other pro-socially – us as well. If we're doing something inappropriate or not pro-social, please challenge us (prison officer, M2).

F2 officers spoke of doing things together such as cooking and doing jigsaws, with the implication that collaborative work brought officers and prisoners closer together:

…up here they lose that 'them and us' after the first couple of days. Initially they don't come and play stuff with us, and then all of a sudden we find them sitting round the table and openly talking, and they don't actually realise they've lost their inhibitions to communicate with us…and they'll be going, is that a piece of jigsaw miss? And it's a sort of family (prison officer, F2).

However, Prisoners in F2 did not necessarily share these views. Relations had recently been strained by a collaborative activity that had gone awry:

So, like the other day we made a cheesecake, for example, and we were fine and happy for everyone to share it: officers and girls… [A] CARATs worker…said 'well why don't you ask when you can have it?' So the girls did, and then it caused a big argument…because the staff didn't want to sit down and eat it with us, do you know, they wanted to go in office and eat it by themselves…it escalated into something else […] And like they were calling us selfish but it's them who were selfish (prisoner, F2).

While emphasising collaboration, staff on F2 were also clear that 'at the end of the day we're still prison staff, and they're still inmates'. The cheesecake debacle illustrates the tensions inherent in attempting proximity and collaboration within a situation that is inherently unequal.

The changing policy environment

Faced with the pressures placed on them by competition benchmarking, several prison governors had removed officers from therapeutic roles within DRWs, with the expectation that external agencies would take over.

Officers referred to the likely loss of the interaction with prisoners that these changes could bring about:

The interaction a member of staff has with a prisoner will be minimal. There won't be any great personal officer work that goes on. There won't be any great interaction with the prisoners on the DRW (prison officer, M6).

Another officer spoke about his desire for prison officers to continue to be involved in this type of recovery work:

…it would be a shame if they turn my role into only opening and closing doors, but that's a personal perspective of things. I hope that when they make all these changes they still allow prison staff to be involved in the rehabilitation side of prison life (prison officer, M7).

Interviews with our three policy informants emphasise the impact of central policy on the potential for prison officers to take on caring roles. Following the introduction of *Fair and Sustainable* and benchmarking, prison officers could *enable* rehabilitative ventures, but not get directly involved in their delivery:

We've spent the last 20 years trying to make officers more involved…engaged with activities

and everything else, but the latest shift now is actually prison officers will just focus on the custodial key functions… whatever else is actually outside responsibility coming in (policy informant).

The Chief Executive of a major external contractor was also concerned about these changes. While more contracts for delivering drug work in prisons was obviously attractive to his organisation, he emphasised the importance of prison support:

Our ideal…of having, you know, named, dedicated staff on our recovery wings who are as committed as our staff are, you know, it's getting harder basically (NGO Chief Executive).

He continued:

Fundamentally, you can't have a successful recovery wing or, indeed any successful treatment intervention, unless there is at least a certain level of commitment from the prison management and staff (NGO Chief Executive).

Discussion and conclusions

DRWs were conceived with the aim of 'challenging offenders to come off drugs' and one way that the pilots have addressed this aim is by developing spaces where prison officers and prisoners can relate to one another in very different ways from elsewhere in the prison. In this respect and at this early developmental stage, they appear to have been successful. There was general agreement among interviewees that staff-prisoner relationships in DRWs were different, manifested in closer relationships, more one-to-one time and more informal relationships. Several features aided this development: improved staff to prisoner ratios, smaller units, more informality and the careful selection of DRW officers. Relationships on DRWs appeared to be closest where DRWs were able to select officers from the limited pool of *true carers*, although the causality here is complex. Reflecting other research,[74] *true carers* undoubtedly migrated to the DRWs, in search of more meaningful work. However,

reflecting Genders and Player,[75] there was also evidence of an impact of the DRW regime on officers that were stationed there. It is also important to recognise prisoner selection effects. DRWs actively recruited prisoners into their programmes and a key selection criterion was motivation.[76] Thus, the selection of prisoners who, at least on the face of it, wished to address their substance use, will also have contributed to the different atmosphere –and different relationships – on DRWs.

Unsurprisingly, some DRWs were more successful than others in creating caring environments. The presence of officers with little interest or belief in the potential for prisoners to change could undermine therapeutic endeavours. There were also inevitable tensions in attempting greater proximity and care within the context of an extreme power imbalance and an overriding goal of containment and security. Such tensions played out in different ways across the pilots: in the confusion over the language used to describe prisoners, talk of equality in the context of complete inequality and the difficulties of protecting the DRW environment from the wider prison system. For Donahue and Moore,

> Unsurprisingly, some DRWs were more successful than others in creating caring environments.

Helping, when it is done by criminal justice actors, is an exertion of force. It is this act of force that ultimately frustrates attempts to frame the CJS and its actors as separated from their punitive roots.[77]

Ultimately, the separation of DRWs from the wider punitive and security role of the prison is clearly impossible.

A clear function of the DRWs was to give caring officers the chance to 'care'. This research supports Tait's typology, with empathic, *true carers* being the most likely to be drawn to the DRWs. There seems to be inherent worth in harnessing the caring tendencies of these officers, whose ideological outlook seemed to be very different from their colleagues. As Tait points out, 'helping prisoners has been identified as a source of meaning for prison officers in a job with few perceived rewards.'[78] However, the ability of the officers in this study to forge different types of relationships with prisoners depended on them having the time and space so to do, and this was clearly under threat.

74. Kolind et al., op.cit; Stevens, op. cit.; Tait, S. (2008). Care and the prison officer: Beyond 'care bears' and 'turn-keys'. *Prison Service Journal*, 180, p. 3–11.
75. Genders and Player, op. cit.
76. Page *et al.*, op. cit.
77. Donahue and Moore, op. cit., p.331.
78. Tait (2011), op. cit, p.441.

This research raises broader questions about the role and purpose of prison officers: in particular, the potential for them to retain specialist roles and ways of working that are differentiated from the mainstream. Caring or therapeutic roles can be identified at three different levels within the system: at the institutional level within a prison like HMP Grendon; at the wing level within TCs, DRWs and other specialist units; and, at the individual level anywhere else in the prison estate. The extent to which prison officers' are able to shift their 'double commission' towards rehabilitation is likely to be dictated by their location within the system and their opportunity to move to a more therapeutic unit. Given the limited extent of TC provision,[79] DRWs have presented a significant new opportunity. However, over the course of the study, the involvement of prison officers in therapeutic roles within DRWs was under serious threat. Moreover, a number of factors conspire to raise fundamental questions about the rehabilitative role of officers elsewhere in the prison estate. In its recent major inquiry into prison planning and policies in England and Wales, the House of Commons Justice Committee[80] pointed to the dramatic decline in prison officer numbers, high turnover of staff and the increasing prison population as impacting on relationships between prison officers and prisoners. It points out that:

Prison officers long ago ceased to be 'turnkeys' and now play a range of functions…Some [witnesses] feared, however, that, following benchmarking, the importance of staff-prisoner relationships might be overlooked, and the role of staff could regress…[81]

Ultimately, the Committee took the view that:

Given the size of the prison population and the likely need to continue to make financial savings in the medium term, there is a real danger that savings and rehabilitation could become two contradictory policy agendas. The question of the sustainability of the system cannot continue to be ignored.[82]

This research therefore forms part of a larger body of evidence suggesting that the rehabilitative role of prison officers in the UK is under serious threat. To return to Scott's penal merry-go-round: it appears that prison officers' ride on the rehabilitative horse may be over.

Declaration of interest: This is an independent report commissioned and funded by the Policy Research Programme in the Department of Health. The views expressed are not necessarily those of the Department.

79. Stevens, op.cit.
80. The House of Commons Justice Committee is a cross-party House of Commons Select Committee of MPs charged with examining the expenditure, administration and policy of the Ministry of Justice.
81. Justice Committee, op. cit.
82. Justice Committee, op. cit., p.66.

Disciplinary adjudications as potential rehabilitative opportunities

Flora Fitzalan Howard is a Chartered Forensic Psychologist in the Evidence Team of Commissioning Strategies Group at National Offender Management Service.

Introduction

Rehabilitation efforts in prison are likely to be most successful when all aspects of prison life are informed by an understanding of crime, rehabilitation and desistance. Recently, researchers[1] have suggested methods of making prisons more rehabilitative by focussing on the climate and environment in prisons and on the skills staff use in daily interactions (such as core correctional practices[2]) as well as on specific rehabilitation programmes.

In the community, research has shown that probation staff following principles of both pro-social modelling and Risk, Need and Responsivity (RNR)[3] intervention techniques and skills in their supervisory interactions can have a significant positive effect on reoffending rates.[4] In residential settings, even short (e.g. five minute) daily interventions have been found to produce a surprisingly strong impact on psychological functioning.[5] Taken together, this research would suggest that the quality and nature of all interactions, formal and informal, between prisoners and prison staff have the potential to impact positively on rehabilitation, even if the contact lasts for only a short time.

However, the prison regime includes a number of primarily punishment-based practices. For example, rule-infractions are dealt with through punishment-focussed processes such as IEP[6] warnings, disciplinary reports and subsequent adjudications. As punishment is known to be an ineffective means of changing behaviour in the long term, this raises the question whether processes that are traditionally punitive can also be opportunities for rehabilitation?

Disciplinary adjudications occur in every prison, often daily and in large numbers. In 2015, across the whole prison estate, there were 148,023 adjudications; (with proven outcomes reached in 102,531 of them).[7] Training for adjudicators focusses primarily on applying the process correctly. There has been relatively little attention given to the conduct or outcome of adjudications (other than the consideration given as part of Restorative Justice initiatives); whether they actually promote compliance with rules and reduce the frequency or severity of rule breaking, or whether there could be other more effective ways of responding to poor behaviour. This study aimed to investigate whether a greater focus on rehabilitation might be possible in the way adjudications are conducted.

Method

For this exploratory study, 13 adjudications[8] from four different types of prisons[9] in England were observed, recorded and transcribed verbatim. A high proportion of adjudications in the participating prisons were adjourned, so the number observed in this study was fewer than originally planned. Prisoners and adjudicators completed short semi-structured interviews with the researcher after the adjudications. They were asked about their experiences, behaviour and contributions, the decisions made and the approach taken. The transcripts were analysed using

1. Cullen, F. T, Jonson, C. L., & Eck, J. E. (2012). The accountable prison. *Journal of Contemporary Criminal Justice, 28,* 77-95; Smith, P., & Schweitzer, M. (2012). The therapeutic prison. Journal of *Contemporary Criminal Justice, 28, 7-22.*
2. Andrews & Bonta (2010). *The Psychology of Criminal Conduct* (5th ed). London: Routledge; Core correctional practices include pro-social or anti-criminal modelling, cognitive restructuring, open, warm and respectful communication, reinforcement, and opportunities for skill building.
3. Andrews & Bonta (2010). *The Psychology of Criminal Conduct* (5th ed). London: Routledge.
4. Bonta, J., Bourgon, G., Rugge, T., Scotty, T-L., Yessine, A. K., Guttierrez, L., & Li, J. (2010). *The Strategic Training Initiative in Community Supervision: Risk-Need-Responsivity in the real world 2010-01.* ISBN No.: 978-1-100-15750-4; Chadwick, N., Dewolf, A., & Serin, R. (2015). Effectively training community supervision officers: a meta-analytic review of the impact on offender outcome. *Criminal Justice and Behavior, 42,* 977-989; Trotter, C. (1996). The impact of different supervision practices in community corrections: Cause for optimism. *Australian and New Zealand Journal of Criminology, 29,* 29-46.
5. Dau, W., Schmidt, A., Schmidt, A.F., Krug, T., Lappel, S.E., & Banger, M. (2011). Fünf Minuten täglich: Kompass – eine stationäre Kurzintervention für junge Cannabis-Partydrogenpatienten nach dem Bonner Modell – Junge Sucht. Sucht, 57, 203-214.
6. Incentives and Earned Privileges scheme, through which good behaviour is incentivised and bad behaviour is challenged with loss of incentives.
7. Ministry of Justice (2016). Offender management statistics quarterly: October to December 2015.
8. A high proportion of adjudications in the participating prisons were adjourned, so the number observed in this study was fewer than originally planned.
9. A Dispersal prison, Category B Local prison, Young Offender Institution and a prison holding women.

content analysis.[10] This technique objectively identifies and quantifies characteristics in material. The behaviours (mainly oral, that is speech) of prisoners and adjudicators were coded and counted. Particular attention was given to rehabilitative skills of adjudicators and the ways prisoners responded.

The coding frame was created from existing research identifying behaviours that might help bring about rehabilitative change or the opposite, and be indicative of prisoner learning and change or the opposite. It was then refined according to the specific content of the transcripts. The final codes were applied to all transcripts, and four were independently second-coded so intercoder reliability could be calculated.[11] The reliability of 20 codes fell within the 'good' and 'very good' ranges.[12] Ten fell within the 'moderate', two within the 'fair' and one within the 'poor' ranges.

Frequencies of each behaviour, and average frequencies of behaviours per adjudication and per minute were considered to explore differences in adjudication content. Transcripts were explored for patterns in behaviours, and how participants perceived the adjudications was considered using the interview data.

Results

Some behaviours were observed much more frequently than others, and the behaviours of adjudicators and prisoners varied considerably across the adjudications (i.e. certain individuals displayed certain behaviours more frequently). Tables 1 and 2 present the total frequency, and the average frequency per adjudication, for each behaviour.

Seven themes capture the patterns or differences across adjudicator and prisoner behaviours:

1. Change-oriented[14] behaviours elicited through questioning

Adjudicator questions that elicited engagement and change-oriented behaviours were open and either Socratic or non-Socratic.[15] Non-Socratic open questions were used the most, often towards the start of adjudications to elicit prisoners' account of events. This engaged prisoners in the process, but rarely helped to develop their insight into their behaviour.

Table 1: Adjudicator Behaviours

Adjudicator Behaviours	Total	Average
Collaborative working	175	13.5
Active listening	110	8.5
Dignity and respect	67	5.2
Open or open and Socratic questions	61	4.7
Closed questions	57	4.4
Praise and reinforcement	47	3.6
Reframing	27	2.1
Preventing comments or discussion	24	1.9
Confrontational, adversarial or disrespectful	17	1.3
Warmth	16	1.2
Problem solving and skill building	11	.9
Concern/care about well-being	11	.9
Advising and raising concern without permission	10	.8
Empathy and/or understanding	10	.8
Warning	10	.8
Not responding to well-being concerns/distress	7	.5
Emphasising choice/control	5	.4

Table 2: Prisoner Behaviours

Prisoner Behaviours	Total	Average
Engaging with the adjudication[13]	413	31.8
Believing treatment or punishment is unfair	48	3.7
Responsibility taking	40	3.1
Excusing, minimising or blaming others	38	2.9
Non-criminal identity or intent	37	2.9
Defiance	36	2.8
Lack of personal agency, helplessness	28	2.2
New learning, reflections, insight	21	1.6
Change talk and pro-social intent	20	1.5
Pro-social behaviour or change	17	1.3
Apology	13	1.0
Cognitive thinking skills	13	1.0
Pro-social behaviour planning	12	.9
Pro-criminal attitudes or beliefs	11	.9
Sustain talk	10	.8
Lack of engagement/disengagement	1	.1

10. Holsti, O. R. (1969). *Content Analysis for the Social Sciences and Humanities*. Reading, MA: Aldison-Wesley; Smith, C. P. (2000). Content Analysis and Narrative Analysis. In H. T. Reis & C. M. Judd (Eds.), *Handbook of Research Methods in Social and Personality Psychology* (p. 313-335). Cambridge: Cambridge University Press.
11. Cohen, J. A. (1960). A coefficient of agreement for nominal scales. *Educational Psychological Measures,* 20, 37-46.
12. Altman, D. G. (1991). *Practical statistics for medical research*. London: Chapman & Hall.
13. This included behaviours such as asking or responding to questions and simply giving their account. The adjudication process naturally lends itself to these occurring frequently as many questions are asked as standard practice. These behaviours were not coded as indicating change or resistance to change, and were of less interest in this study.
14. A collective term used here to describe prisoner behaviours that indicate change or learning, or movement towards this.
15. Socratic questions shape the thought process, facilitating independent thinking, analysis and learning. Non-Socratic questions gather information but do not facilitate thinking.

Socratic questions, that prompt deeper reflection, were less frequent (approximately 30 in total). However, when used they were more often followed by change-oriented responses (such as perspective taking or identifying consequences). For example:

> **AG:**[16] **How do you think the officer felt?**
> **P:** She's not happy, innit? Scared. Shock of her life.

Particularly effective were the rarer questions that specifically facilitated reflection on alternative behaviours and skills that could have been used, or could be used in future.

> **AG: So with all that in mind, how do you think you could have done things differently to avoid this scenario?**
> **P:** I shouldn't have took it out on Mr. X, to be honest. When he opened my door, I should have just accepted that he opened my door and just got my inhaler (inaudible) and just calmed down, yeah, and I'm sorry if you felt threatened, Mr. X, man, because Mr. X is all right, man. *Appears to be sincere*
> **AG: I appreciate that, cheers.**

These questions moved the adjudication from solely punishing the rule breaking, to an interaction that challenged the behaviour and promoted behaviour change, such as reflection and apology. Although infrequent, every observation of a prisoner identifying how he could have behaved differently, or planning to do something differently in the future, followed these types of questions. Prisoners whose adjudications included more open and Socratic questions, and praise and reinforcement, gave more examples of learning in the post-adjudication interviews.

2. Change-oriented behaviours occurring without questioning

Change-oriented behaviours sometimes occurred without any direct facilitation. This may reflect natural variations in prisoners' talkativeness or readiness to engage, the cumulative effect of adjudicator behaviours or deliberate attempts by prisoners to reduce the severity of sanctions.

3. Absence of change-oriented behaviours after questioning

Although there were very rare occasions in which closed questions elicited change-oriented behaviours, the vast majority did not. Closed questions were asked 57 times. More than half were helpfully used to clarify accounts and avoid misunderstanding. However, as closed questions naturally result in yes/no responses, they miss the opportunity of enabling people to elaborate or reflect further (which promotes learning.)

4. Reinforcing change-oriented behaviours

Although adjudications are punitive procedures, praise and reinforcement were used in six adjudications. Adjudicators typically used these when prisoners showed progress or positive behaviour in custody, or when they identified new ways of behaving, apologised or expressed intent to behave differently. Reinforcement and praise were often used simply but effectively, and this increased the likelihood of the adjudication being a rehabilitative interaction.

> **AG: The thing here, P, and I accept that, you've stated quite clearly you've, you know now that it's not, it's not acceptable.**
> **P:** Yeah, I understand. I understand.
> **AG: And you've apologised. I fully accept that and I appreciate you seeing that.**

> **AG: So what can you do differently next time?**
> **P:** Just not, not go into no one else's cell, innit? Stay in my own cell.
> **AG: Spot on. And then saves all of this hassle, isn't it?**

Another way adjudicators introduced praise and reinforcement was by seeking out positive behaviour and progress to reinforce. On rare occasions adjudicators asked questions about the prisoner's life outside of the adjudication (such as about work or relationships), and found something in the response to praise. This helped to make the interaction more rehabilitative.

5. Adjudicator responses to prisoner engagement or disengagement

Adjudicators responded differently to what prisoners said, and in how they facilitated engagement. They actively listened when prisoners spoke (around eight times per adjudication). This included giving prisoners time to speak, listening indicators (e.g. nodding or saying 'uh huh') and statements that repeated, rephrased or summarised prisoners' words. In contrast, preventing discussion (including cutting prisoners off, dismissing comments or interrupting) was much less frequent. These were seen 24 times in total, during eight adjudications,

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16. AG signifies 'Adjudicating Governor' and P signifies 'prisoner'.

and were noticeably different to the times when adjudicators listened.

> **P:** I'd rather have it as dealt with *[by a Judge]*
> **AG:** *[interrupted P]* **But you can't.**
> **P:** I'd like my solicitor to be present.
> **AG: You can't do that, I am afraid**.
> **P:** That's not fair. *Upset tone, sense of hopelessness*
> **AG: Hello, Mr. X.** *[AG questions Reporting Officer]*

When prisoners disengaged or became defiant (such as interrupting or arguing), adjudicators usually dealt with this skilfully by remaining calm, listening, asking questions or offering clarification. The use of humour was particularly effective in diffusing difficult and emotional interactions, although observed only once. This is shown in the following extract, taken from an adjudication of a prisoner charged with threatening behaviour. The adjudicator asks the prisoner how tall he is, triggering an angry reaction. The adjudicator attempts to help the prisoner understand that how he looks can influence how others interpret his behaviour, even if he doesn't see himself as threatening. The ensuing discussion shows the adjudicator persisting, but struggling a little, to communicate what they mean and reframe the situation. This goes on for some time (so only periodic extracts are provided) and is eventually successful. The prisoner's anger was finally diffused by humour.

> **P:** I'm six foot six but that don't mean nothing, though, boss. *Tone raised, appears frustrated. Sits up, hands moving.*
> **AG:** *[interrupts P]* **Could you bear with me?**
> **P:** [interrupts AG] Not being, nothing, you can't, you can't bring my height into it. *Tone and behaviour continues to demonstrate frustration/disagreement.*
> **AG: No, but what I'm saying, I'm not, I'm saying you're a big lad and in that —**
> **P:** [interrupts AG] That don't mean nothing.
> **AG: — somebody, somebody may feel, and the difficult part is, is feelings are a very difficult thing to say you, I cannot tell you how you feel**…*[discussion continues]*
> ….
> **AG: [sometime later]…if he feels threated by your presence, your actions, then that is how he feels.**
> **P:** Yeah, I understand that.
> **AG: That doesn't necessarily mean that that was your intention, but it is his feeling.**

> ….
> **AG: [Later on] You know what I mean? Erm, you are a big lad —**
> **P:** Mm.
> **AG: — And so sometimes, and, maybe in that sense you have to be more conscious of that because you may, may come across as intimidating or threatening when you really don't want to be.**
> **P:** Mm, I understand that.
> **AG: And that, that's unfortunate. I don't have that problem because I'm not that big, apart from me stomach.** *Said with humour, a little self-deprecating, pointing at stomach.*
> **P:** Yeah. *Smiles and laughs*

This extract illustrates how well humour can be used during emotional interactions, and how attempts to reframe situations can create a learning experience for prisoners. However, this outcome might have been more quickly accomplished through the use of Socratic questions, which would have engaged the prisoner more actively in the learning process (rather than trying to persuade or providing him with the important learning point). For example, the adjudicator could have asked 'when you were talking and behaving that way, how do you think that looked to the officer?'

6. Style of adjudication

The style of the adjudication, and how adjudicators treated prisoners, varied. Overall, adjudicators worked collaboratively with prisoners: explaining adjudication process, content and decisions, checking understanding and offering help. These occurred around 13 times per adjudication, and meant adjudications were 'done with', rather than 'done to', prisoners.

> **AG: OK, what I'll do is I'll go through my questions and then we'll have a discussion about it, OK?**

Adjudicators generally treated prisoners with dignity and respect. Respect was coded when they introduced themselves (seen rarely), said please and thank you, and showed an interest in the prisoner as a person rather than just as a 'rule-breaker' (such as discussing employment or progress in education). On average dignity and respect behaviours were observed five times per adjudication.

> *[After being found guilty]*
> **AG: All right, P. Cheers.**
> **P:** Nice one.
> *AG shakes P's hand, P reciprocates. P instigates a handshake with Reporting Officer, who reciprocates.*

Much rarer though was warmth, which included using friendly greetings, use of appropriate humour and acknowledging existing relationships between prisoners and adjudicators. These behaviours were seen only 16 times overall, despite warmth being an important component of rehabilitative relationships.

Adjudicators were rarely observed being confrontational, antagonising or adversarial, although this kind of behaviour was observed a total of 17 times (in six adjudications), where it was seen to prevent prisoner learning and behaviour change. Most of these occasions were coded as a consequence of the tone, which sounded sarcastic, patronising or aggressive, rather than respectful or collaborative.

> **P:** That's why I want, I want my solicitor present for this.
> **AG:** *Tone raised, 'telling' and somewhat aggressive.* **P, I can go through it but you're not going to meet the criteria if you need representation. I have to look at the seriousness and the charge and of the potential penalty. Where any points of law are likely to arise, the capacity of you to present your own case, procedural difficulties, need for reasonable speed, need for fairness and any other issues that you raise for me. The fact that you think your solicitor is going to be able to, erm, produce some evidence that you can't; what is that evidence that your solicitor is going to be able to present to me that you can't?**
> **P:** Well, he's a solicitor do you know what I mean? He can fight my case at the end of the day, Governor (inaudible). It's not my, I don't, and it's like I'm getting punished for something that is not mine.

Showing concern and care for prisoners' well-being, and empathy or understanding for their experiences, can be powerful in rehabilitative relationships. In adjudications these were rare, and when seen they were usually quite superficial examples. However, it was also rare to see adjudicators lack care or concern (such as when prisoners were in distress or disclosed self-harming). An obvious lack of concern was observed seven times in three adjudications, and is illustrated by the following extract where the prisoner was in considerable distress.

> **P:** …I did admit to it and I was wrong for doing that but if I could have walked away, I would have. I'd rather do that. I was in that situation. It was out of my hands. I couldn't get out the door (inaudible). *Head in hands, tears in eyes.*
> **AG: OK. P, you've admitted to grabbing the prisoner, and that is unlawful force. That is an assault. So based on what you've told me and what Mr. X has told me, I find the charge proven. Is there anything else you want to say in mitigation?**
> **P:** No. Like I said, I don't go round doing things like that. It was out of my, my control, because the situation I'm in here. …I don't like confrontation. I do not. She said some really hurtful things and spiteful things. … *Tears in eyes, looking for eye contact — looking at researcher, Adjudication Liaison Officer, Reporting Officer.*
> **AG: OK, but that's not, erm, an excuse to assault somebody.** *Continues to focus on paperwork, does not make eye contact.*

Advising a person what to do or not do, although often well-intended, is unlikely to facilitate learning or effectively help the person to make changes because people learn better when they reason things out for themselves and when they feel they are making their own choices. Very rarely did adjudicators emphasise that the prisoner had choice or control over their actions, whereas warning or advising without permission was observed more often (although still infrequently).

In their post-adjudication interviews, adjudicators emphasised the importance of a fair and transparent process. During adjudications prisoners made statements about believing treatment in prison or their punishment was unfair 48 times (five related to the adjudications specifically). On most of these occasions adjudicators openly discussed the concerns, and three of these five adjudications were later dismissed. In the interviews afterwards, most prisoners reported feeling they were treated fairly, were offered the chance to speak and had been listened to.

7. Missed rehabilitative opportunities

Throughout the adjudications there were numerous occasions where alternative adjudicator behaviours could have enhanced their rehabilitative potential. Identifying and acting on these opportunities is not simple or easy. However, the study indicated a potential for adjudications to be more rehabilitative than they currently are, even within their remit of investigating and punishing rule-breaking. Two types of missed opportunities were observed in particular: for open and Socratic questions, and for praise and reinforcement.

First, using open and Socratic questions, instead of closed questions, provides prisoners with opportunities to reflect on their behaviour and hopefully learn from this. For example:

P: Yeah. I, I've had a thing, I have a thing for fire, though, innit?

Alternative: what are the possible consequences, for you or others, of starting a fire in your cell?

Socratic questions can particularly help explore and carefully challenge when there is an absence of, or resistance to, change. For example, when prisoners spoke of rule-breaking as reasonable or positive, or viewed change or behaving differently as out of their control.

P: I did. I'm not, I did admit to it and I was wrong for doing that but if I could have walked away, I would have. I'd rather do that. I was in that situation. It was out of my hands. I couldn't *(inaudible)* get out the door *(inaudible).*
AG: OK. P, you've admitted to…*[continues to sanctioning]*

In this case, the adjudicator could have asked questions to explore coping or problem solving strategies the prisoner might have used in other situations (and could be transferred), or developing recognition that skills could be learned in the future.

Secondly, when change-oriented behaviours were demonstrated, opportunities for verbal reinforcement and praise were often missed. Praise and reinforcement makes it more likely that the behaviour will be repeated. The following are two different occasions in which positive behaviours such as taking responsibility, lacking anti-social intent and perspective taking could have been reinforced.

AG: OK. Is everything OK on the wing now?
P: Yeah, yeah, everything's fine, yeah. I've been as good as gold, like. It's been, like, getting behind the door and, like, you know, so…
AG: When's your IEP review? *[continues to sentencing]*

P: ….It was not to cause any harm or aggression or do anything towards any member of staff or any prisoner. I didn't want it to come to anything like that. That's the reason why I handed it *[a home-made knife]* over, boss, because they weren't listening on the wing. It's not their fault. It's a big wing. …
[Adjudicator acknowledges what was said, then continues adjudication]

Conclusion

The study explored differences in how disciplinary adjudications in prison are conducted and how these could be used as opportunities for rehabilitative intervention. The findings show that adjudicators can, and some do, use skills that facilitate or support rehabilitative change, despite adjudications not traditionally being seen as rehabilitative opportunities. Adjudicators did not use a rehabilitative approach consistently though, with some using these skills more frequently than others and some skills being used infrequently by all participants. Adjudicators also didn't always use opportunities to question rule-breaking behaviour in ways which could facilitate learning and insight; nor did they use all the available opportunities to reinforce and support progress.

The study had some limitations. A high proportion of adjudications in the participating prisons were adjourned, so the number observed in this study was fewer than originally planned. Causal relationships between adjudicator and prisoner behaviours were not directly tested in this study. Long-term outcomes were not investigated, so it cannot be known whether the behaviours observed and the learning taken translated into longer-term behaviour change.

However, if adjudications can be delivered in a way that facilitates behaviour change, then as a regularly occurring event, which by definition involves prisoners whose behaviour is concerning (i.e. involves alleged rule-breaking), they could have important beneficial outcomes for prisoners and prisons. This does not need to detract from the primary purpose of adjudications: investigating charges and (if proved) conveying punishment. Rather, these aims can be complementary, with rehabilitative skills being used whilst investigating charges, considering and giving sanctions, and in looking to the future by facilitating learning and behaviour change. In these ways, the adjudication process could contribute to a rehabilitative prison climate, although the effects of rehabilitative adjudications are likely to be greater and more durable if they form part of a broader focus on rehabilitation throughout a prison.

In conclusion, adjudications have rehabilitative potential if adjudicators use the skills that research identifies as central to such interactions. For this to happen, adjudicators need to be knowledgeable about, confident using and able to spot opportunities for rehabilitative skills. Training opportunities, such as the Five Minute Intervention training,[17] which is to now be rolled-out into all prisons, or introducing a specific module into the initial training received by adjudicators, would be promising ways forward.

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17.   FMI training helps custodial staff to respond differently to prisoners during everyday conversations by using these as opportunities to employ rehabilitative skills and practices, and in doing so contribute to a rehabilitative culture.

Implementing a brain injury offender strategy through the introduction of a specialist support service in prison

Deborah Fortescue, Head of Foundation,[1] The Disabilities Trust, **Sara Da Silva Ramos,** Research Fellow, The Disabilities Trust, **Michael Oddy**, Consultant Clinical Neuropsychologist, The Disabilities Trust Foundation.

Introduction

The term acquired brain injury (ABI) is used to describe damage to the brain after birth. Traumatic brain injury (TBI) is a form of acquired brain injury which occurs as a result of impact to the head (e. g. fall, road traffic accident). Traumatic brain injury often results in a characteristic pattern of deficits which includes cognitive and non-cognitive neurobehavioural deficits. The former include memory, expressive communication and executive problems which affect educational and social functioning.[2] The latter include impulsivity,[3] poor emotional regulation[4] and problems in forming and sustaining relationships. All these may increase the likelihood of criminal behaviour. Cognitive deficits may lead to an inability to cope with the demands of life within the boundaries of the law and, in some cases, make people more likely to resort to criminal behaviour.[5, 6] For example, impulsivity may result in an inability to delay gratification or to control aggressive behaviour. Difficulty in managing anger, resulting in explosive outbursts to minimal provocation, and reduced ability to understand social situations, can in turn lead to an inability to avoid conflict.[7, 8]

These and other difficulties, such as lack of initiation, poor empathy, co-morbid use of drugs and alcohol, can have a significant impact on an individual's ability to engage with offender rehabilitation. This problem is complicated by the fact that a large proportion of individuals with a brain injury do not have the ability to recognise and understand that they have these problems (lack of awareness[9]), which in turn reduces their ability to cope with them, or to engage in treatment.

Evidence that the incidence of brain injury is higher within the criminal justice system (CJS) than in the general population has been mounting in recent years. It is estimated that as many as 51 to 60 per cent of the offender population have a history of brain injury, a rate that is higher than the two to 38 per cent observed in the general population.[10, 11, 12] Research has also shown links between brain injury and early onset of criminal behaviour, violence, vulnerability to self-harm[13] and re-

1. Until April 2016.
2. Hessen, Nestvold, and Anderson, 'Neuropsychological Function 23 Years after Mild Traumatic Brain Injury: A Comparison of Outcome after Paediatric and Adult Head Injuries.' Brain Injury 21, no. 9 (2007): 963–79. http://www.informaworld.com/10.1080/02699050701528454
3. Tate, 'Executive Dysfunction and Characterological Changes after Traumatic Brain Injury: Two Sides of the Same Coin?' Cortex 35, no. 1 (1999): 39–55.
4. Bechara, 'The Role of Emotion in Decision-Making: Evidence from Neurological Patients with Orbitofrontal Damage.' Brain and Cognition 55, no. 1 (June 2004): 30–40. doi:10.1016/j.bandc.2003.04.001.
5. Fazel et al., 'Risk of Violent Crime in Individuals with Epilepsy and Traumatic Brain Injury: A 35-Year Swedish Population Study.' PLoS Medicine 8, no. 12 (December 2011): e1001150. doi:10.1371/journal.pmed.1001150.
6. Williams et al., 'Self-Reported Traumatic Brain Injury in Male Young Offenders: A Risk Factor for Re-Offending, Poor Mental Health and Violence?' Neuropsychological Rehabilitation 20, no. 6 (December 2010): 801–12.
7. Baguley, Cooper, and Felmingham, 'Aggressive Behavior Following Traumatic Brain Injury: How Common Is Common?' The Journal of Head Trauma Rehabilitation 21, no. 1 (2006): 45–56.
8. Brooks et al., 'Return To Work Within The First 7 Years Of Severe Head Injury.' 'Return To Work Within The First 7 Years Of Severe Head Injury.' Brain Injury 1 (1987): 5–19.
9. Kelley et al., 'Self-Awareness and Neurobehavioral Outcomes, 5 Years or More After Moderate to Severe Brain Injury.' Journal of Head Trauma Rehabilitation 29, no. 2 (2014): 147–52. doi:10.1097/HTR.0b013e31826db6b9.
10. Farrer and Hedges, 'Prevalence of Traumatic Brain Injury in Incarcerated Groups Compared to the General Population: A Meta-Analysis.' Progress in Neuro-Psychopharmacology and Biological Psychiatry 35, no. 2 (March 2011): 390–94. doi:10.1016/j.pnpbp.2011.01.007.
11. Shiroma, Ferguson, and Pickelsimer, 'Prevalence of Traumatic Brain Injury in an Offender Population: A Meta-Analysis.' Journal of Correctional Health Care 16, no. 2 (April 2010): 147–59.
12. Ferguson et al., 'Prevalence of Traumatic Brain Injury among Prisoners in South Carolina.' Head Trauma Rehabilitation 27, no. 3 (2012): E11–20. doi:10.1097/HTR.0b013e31824e5f47.
13. Chitsabesan et al., 'Traumatic Brain Injury in Juvenile Offenders: Findings from the Comprehensive Health Assessment Tool Study and the Development of a Specialist Linkworker Service.' Journal of Head Trauma and Rehabilitation 30, no. 2 (2015): 106–15.

offending.[6,14] These findings come mostly from studies with adult men.

Initial studies by The Disabilities Trust Foundation sought to verify whether reported high levels of prevalence of brain injury were observed in the UK prisoner population.[15] This led to the development of a screening tool, and showed that as many as 47 per cent of individuals in a male prison reported a history of brain injury, a result consistent with the findings by another UK based research group.[14] Six years on, and given the strong body of evidence suggesting that a brain injury can affect a person's ability to engage in a rehabilitation programme, and ultimately to cope with the demands of society, the question is moving from 'is there a problem?' to 'how do we address it?'.

Aims and objectives of developing a brain injury strategy

Given the high prevalence of brain injury among offenders,[10,16] The Disabilities Trust Foundation, developed a new strategy to address it within the Criminal Justice System, focussing on three areas: identification, raising awareness and intervention. This approach consists of a screening method to be used at reception to identify people with probable brain injury as they come into custody, a workforce training programme for staff and a model of intervention for prisoners with brain injury.

The aim is to enable better engagement with established offender rehabilitation programmes and enhance the outcomes for the individual offender in prison and after release, and key objectives are better mental health, reduced alcohol and drug use, reduced anger and violence, increased well-being, increased engagement in Employment, Education and Training (EET), improved accommodation status, and ultimately reduced re-offending.

The process

Screening

Following pilot studies in an adult male prison (HMP Leeds), we carried out further investigations of brain injury prevalence in women's prisons and Young Offender Institutions. In all cases, a high proportion of prisoners (in the order of 50 per cent), was shown to have suffered a possible brain injury.

These findings further emphasise the importance of screening in order to establish a greater understanding of the scale and nature of the problem, and to drive a long-term brain injury offender strategy.

Over the past four years The Disabilities Trust Foundation has been refining and validating a screening tool (the Brain Injury Screening Index - BISI) that can be easily embedded into existing reception procedures, requires minimal staff training and little time to administer. The final version, built upon the original tool validated by Pitman and colleagues,[15] is a reliable 11-point questionnaire, which takes 5-10 minutes to complete, and can be used in isolation or embedded in SystmOne[17] or equivalent.

Training and workforce development

It should be recognised that if brain injury is prevalent amongst prisoners this is likely to impede their rehabilitation. Prisoners with a brain injury may have difficulties in understanding, learning and remembering, and therefore may fail to benefit from rehabilitation that is suitable for prisoners without brain injury. There is therefore a need to raise awareness of ABI, develop the skills of staff to recognise it and to feel confident to support and manage those with brain injury in prison.

Traumatic brain injury, in particular, often gives rise to difficulties in regulating emotions and resisting impulsive actions. De-escalation of such challenging behaviours can be taught to prison staff. Training staff to understand brain injury and upskilling them to deal with its consequences can potentially enhance their safety. An intervention cannot work in isolation, so staff awareness is key to successful implementation. Raising awareness increases prison staff's ability to adapt their delivery of offender rehabilitation programmes to improve outcomes. It is acknowledged that these are designed by NOMS HQ, and whilst it may be practical for small adjustments to be made at a local level, a universal review of programmes may be required to ensure consistent reliable change that meets the needs of people with brain injury and neuro-disabilities.

A training scheme designed to address these areas was developed by a working group including a Consultant Clinical Neuropsychologist and a trainer with extensive experience of working with staff and individuals within brain injury rehabilitation settings. The scheme is intended to be accessible to all practitioners including prison officers, but in the pilot priority was given to mental health, healthcare and offender managers due to the high level of liaison required between these services and the

14. Williams et al., 'Traumatic Brain Injury in a Prison Population: Prevalence and Risk for Re-Offending.' Brain Injury 24, no. 10 (January 2010): 1184–88. doi:10.3109/02699052.2010.495697.

15. Pitman et al., 'The Association between Neuropsychological Performance and Self-Reported Traumatic Brain Injury in a Sample of Adult Male Prisoners in the UK.' Neuropsychological Rehabilitation 25, no. 5 (2015): 763–79. doi:10.1080/09602011.2014.973887

16. Hughes et al., 'The Prevalence of Traumatic Brain Injury among Young Offenders in Custody: A Systematic Review.' The Journal of Head Trauma Rehabilitation 30, no. 2 (2015): 94–105.

17. The Phoenix Partnership, 2016.

likely impact of brain injury on their work. The training does not require a medical or health background and can be carried out within one three-hour session. The goal of the training scheme is to equip staff with a greater understanding of ABI and familiarise them with 'tips and tricks' that are helpful in the management of behaviours likely to be related to brain injury.

Intervention

The aim of the Disabilities Trust Foundation was to create a service specification that was realistic and achievable: economically viable, manualised to enable easy replication, and scalable to allow widespread delivery throughout the CJS.

Referrals and eligibility criteria

The BISI is administered by nurses within standard first night screening. Referrals are received electronically the following morning and processed by the Linkworker, who meets with those referred, repeats the BISI and provides educational information if appropriate. Depending on the results of the BISI, a decision is made with regard to their eligibility for the service. This could result in simply providing the prisoner with educational information about brain injury to enable self-management, or placement on the service waiting list should significant needs be identified. For those indicating a significant history of brain injury, a request is made for medical notes to obtain further details (e. g. neurological indices of severity, attendance at A&E and any other treatment or rehabilitation received).

Identification and prioritisation: Who gets the intervention?

The model of service is designed to provide dedicated support for eight to 12 weeks prior to release and eight weeks post-release.

Following screening and identification of those requiring support, those meeting the eligibility criteria are invited to an initial assessment. This can take one to four sessions with each session lasting no longer than 45 minutes. A semi-structured clinical interview gathers information on offending history, family background, physical and mental health, history of drug and alcohol use and further information about brain injuries and cognitive difficulties. Also gathered is information about the individual's ambitions and future aspirations.

Identification of problems associated with a brain injury

For those receiving one-to-one support the main aims are to identify problems associated with a brain injury, such as anger, memory and attention difficulties,

impulsivity, disinhibition and problems with initiation. Appropriate interventions and compensatory strategies to manage these are then developed and practised on a person-centred basis. Individual problems and solutions are translated into personalised SMART goals (specific, measurable, achievable, relevant, and time-bound, for example *'In the next month I will manage my anger by walking away from the situation when confronted by other prisoners, and I will reduce the number of my outbursts by 80 per cent.'*).

During one-to-one sessions, time is spent in the development of goals and on psychoeducation about brain injury and coping strategies. Additional information is also available in the form of homework, worksheets and handouts to enable ongoing practice between sessions.

In the build-up to discharge, planning focuses on preparation for release. This can include problem solving around reducing reoffending, how to engage with rehabilitation within the community, and securing appropriate housing and EET opportunities.

Throughout the person's engagement with the service, the Linkworker works with the individual and builds networks with professionals within and outside the prison. Personalised guidelines are provided to stakeholders and agencies to enable better access to and engagement with their services, and potential adaptations to their service. In addition to individual stakeholder management, key relationships are built with health services, including GPs, Mental Health Services and other specialist services (such as Neurology and Rehabilitation), and with Social Workers, Probation, Housing and Community Rehabilitation Companies.

Children and young people in prison

Following the greater use of community sentencing and rehabilitation, Young Offender Institutions (YOIs) now focus on delivering specialist offender rehabilitation and diversion strategies to more serious offenders, with brain injury likely to be an important contributing factor. Neurodisability, including brain injury has been highlighted as an area of specific need by the Youth Justice Board.[18] The approach described here was piloted with young people at two YOIs. Key differences and adaptations include the use of child specific assessments and interventions and closer involvement of the family. There are differences in the impact of a brain injury when it occurs in childhood as opposed to adulthood, and differences dependent on the age of the child. These developmental differences in the impact of brain injury need to be understood and services designed appropriately.

18. Public Health England & NHS England (2016). Improving Health and Wellbeing services for children placed in the Children and Young People's Secure Estate. NHS England Publications Gateway Reference 01909.

Women in prison

Women prisoners have been under-represented in research. However a recent review has found that the prevalence of TBI in women prisoners is comparable to that in male prisoners. Furthermore the women had usually suffered their TBI before their first offence and were more likely to report ongoing TBI related symptoms.[19] O'Sullivan and colleagues[20] conducted a systematic review on the association between TBI and violent behaviour in female prisoners and found a small number of studies that suggested a link between the two, though this was complicated by co-morbidities such as mental health problems and childhood abuse.

Working in the community

This service approach has also been trialled successfully with the homeless community, including with ex- prisoners. Therefore there is an opportunity to further explore its application in other community rehabilitation settings.

Service evaluation

An independent evaluation indicated that the Linkworker service is designed according to best practice evidence from forensic rehabilitation and from neurorehabilitation, and that it is a helpful approach in the context of young prisoners: 'such services could provide a vital link across staff teams working with individuals with TBI, and effect change' (p. 4).[21]

In March 2016, a controlled study to evaluate the effectiveness and specificity of the Linkworker approach began in a UK prison. Results are expected at the end of 2018.

In all cases internal audit and evaluation is conducted as a standard aspect of service delivery. This includes monitoring individual characteristics and outcomes (e. g. severity of injury, nature of the difficulties experienced, quality of life) and stakeholder satisfaction (individual and referral agency). This information is reviewed on an ongoing basis and a typical service user profile has been developed as highlighted in Box 1.

Future developments

Online Service Specification and Case Management Tool

Throughout the implementation of the pilot service, incorporating internal evaluation, The

Box 1: Prisoner Profile*
Primarily with history of moderate to severe TBI
Various causes of injury, including Road Traffic Accidents, Falls and Fights or Assaults
Young at first injury (10–28)
Multiple injuries (2–4)
Injuries primarily sustained before first offence (41–60 per cent)
Primarily with history of violent behaviour (33–86 per cent)
Repeat offenders (48–89 per cent)
Average number of head injuries: 2.9
Co-morbid use of alcohol and drugs

* Based on a total of 80 people undergoing support (2015): 32 young people (15 to 18); 23 young adults (18 to 21) and 25 adult males.

Disabilities Trust Foundation has developed an online service specification with an embedded case management tool. The tool is designed to enable ease of service roll-out, to ensure consistency of approach and to simplify outcome data capture and analysis. This will result in user group characteristics, trends in presentation and frequency of use of specific interventions being easily tracked. Outcomes will be routinely collated which will inform prevention and diversion strategies in the future.

Summary and Conclusion

Robust evidence is emerging that the prevalence of acquired brain injury within prisoners is higher than in the general population. There is also evidence to suggest that certain types of offending, such as violent crime are particularly associated with brain injury and that these individuals require different forensic rehabilitation. It is therefore important for both the individual and for the protection of the public that such prisoners are identified and offered an approach to rehabilitation that is appropriate to their needs. This strategy supports such an approach across the criminal justice system and thereby provides a real chance of preventing life-long offending.

19. Fitzsimons, 'A Survey of the Available Literature on Traumatic Brain Injury and Incarcerated Female Populations. Unpublished Manuscript.'
20. O'Sullivan et al., 'Traumatic Brain Injury and Violent Behavior in Females: A Systematic Review.' Aggression and Violent Behavior 25 (November 2015): 54–64. doi:10.1016/j.avb.2015.07.006.
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Mindfulness and its Potential Application on Offenders in Care

Jennifer Hogan is a Trainee Psychologist at HMP Winchester.

Mindfulness practices have a long history, an estimation of 2,500 years, coming under significant scientific and clinical scrutiny in the last 20 years.[1, 2] Mindfulness is arguably the most influential and best researched third wave area of clinical practice.[3, 4] Anecdotal use of therapy has been used in care settings for some time, however empirical examination is needed for it to be certified.[5] This article will identify the use of mindfulness on areas that are best suited for the treatment of offenders in care with mental health issues and then focus upon its potential application on serious crimes, such as inappropriate sexualised behaviour and physical harmful behavior.[6] These crimes have or may have occurred because of increased impulsivity, substance misuse, and a deficit in emotional regulation.[7, 8]

Focused offending treatment and rehabilitation programmes, for example, for sex offending and violence, have become established across criminal justice systems. In general these programmes have had theoretical orientation around the cognitive-behaviour approach, reflecting the conclusion of many outcome studies that cognitive-behavioural interventions have been demonstrated to be effective.[9] More recently, compassion-based interventions, strongly influenced by Buddhism, such as mindfulness, have also received attention through the empirical literature relating to therapeutic treatments.

Mindfulness training has become the most influential third-wave treatment approach because of the growing body of outcome literature including randomised-control trials, indicating an impact on recurrent depression,[10,11] general stress and range of psychodynamic conditions.[12] However, as previously mentioned, more empirical evidence needs to be completed in order for mindfulness to become an approved treatment.

Mindfulness has been suggested to be relevant for the treatment and rehabilitation for offenders in care in the past but lacks grounding evidence to support the suggestion. Howells et al[13] propose that there are three areas of criminological and clinical need. The three areas of criminological and clinical need are poor affective self-regulation, the related problem of anger control and impulsivity.[14] Poor affective self-regulation and anger control can also be categorised as poor emotional regulation.[15] Such problems appear to be severe in offenders with personality disorder.[16] Similarly, rumination, defined as 'repetitive, uncontrollable thoughts about negative internal or external experiences', has been

1. Kabat-Zinn, J., *Mindfulness-Based Interventions in Context: Past, Present and Future.* Clinical Psychology: Science and Practice, 2003. 10: p. 125–143.
2. Jon, K.-Z., *Coming to Our Senses: Healing Ourselves and the World Through Mindfulness.* 2005: Hyperion.
3. Howells, K., *The 'Third Wave' of cognitive behaviour therapy and forensic practice.* Journal: Criminal behaviour and Mental Health, 2010. 20(4): p. 251.
4. Childs, D., *Mindfulness and Clinical Psychology.* Psychology and Psychotherapy: Theory, Research and Practice, 2011. 84: p. 288–298.
5. Howells, K., et al., *Mindfulness in Forensic Mental Health: Does It Have a Role?* Mindfulness, 2010. 1: p. 4–9.
6. Singh, N., et al., *Mindfulness Approaches in Cognitive Behavior Therapy.* Behavioural and Cognitive Psychotherapy, 2008. 36(06): p. 659–666.
7. Fehrer, F., *The Awareness Response: A Transpersonal Approach to Reducing Maladaptive Emotional Reactivity.* 2002, Institute of Transpersonal Psychology: Palo Alto: California.
8. Howells, K., M. Daffern, and A. Day, *Aggression and Violence.* Handbook on Forensic Mental Health, ed. K. Soothill, M. Dolan, and P. Roger. 2008, Cullompton, Devon: Willan.
9. Hollin, C. and E. Palmer, *Criminogenic Need and Women Offenders: A Critique of the Literature.* Legal and Criminoligical Psychology, 2006. 11: p. 179–195.
10. Teasdale, T., et al., *Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy.* Journal of Counselling and Clinical Psychology, 2000. 68(4): p. 615–623.
11. Kuyken, W., et al., *Mindfulness-based Cognitive Therapy to Prevent Relapse in Recurrent Depression.* Journal of Consulting and Clinical Psychology, 2008. 76(6): p. 966–978.
12. Day, A., *Offender emotion and self-regulation: Implications for offender rehabilitation programming.* Psychology; Crime and Law, 2009. 15(2–3): p. 119–130.
13. Howells, K., et al., *Mindfulness in Forensic Mental Health: Does It Have a Role?* Mindfulness, 2010. 1: p. 4–9.
14. Wright, S., A. Day, and K. Howells, *Mindfulness and the treatment of anger problems.* Aggression and Violent Behaviour, 2009. 14: p. 396–401.
15. Farrington, C.J., *Individual differences and offending.* 2000: p. 241–268.
16. Association, A.P., *Diagnostic Manual of Mental Disorders.* 5 ed. 2013, Arlington, VA: American Psychiatric Association.

shown to relate reliably to anger, hostility and aggression. Given the focus in mindfulness training on improving awareness and control of such thoughts, it has obvious potential as a therapeutic intervention for forensic mental health patients, with some support from experimental studies in normal populations[17].

There have been several reviews of the effectiveness of mindfulness training. Teasdale et al[18] review the evidence that mindfulness, in relation to treatment of recurrent depression, has concrete support in terms of the underlying theoretical model and controlled studies of treatment outcome. Dimidijan et al[19] support this evidence through their study and findings. Mindfulness-based cognitive therapy (MBCT) has been identified as an effective treatment for recurrent depression by the National Institute of Clinical Excellence (NICE) in the United Kingdom.[20] Given that the positive evidence has been predominantly in relation to improving negative affective states, the later being a factor contributing to criminogenic and clinical problems in forensic populations.

What is Mindfulness?

Mindfulness practice has been inherited from Buddhist tradition. Mindfulness is described as a moment-by-moment awareness of thoughts, feelings, and bodily sensations within the surrounding environment. It has been characterised by the term 'acceptance', which brings attention to thoughts and feelings without judging whether they are right or wrong. Mindfulness involves intentionally bringing one's attention to their internal and external experiences occurring in the present moment, and is often taught through a variety of meditation exercises.[21,22,23] The phenomenon that enters a person's awareness during a period of mindfulness meditation such as perceptions, cognitions, emotions and sensations should be observed carefully but not evaluated as good or bad, true or false, healthy or sick, or important or trivial. Mindfulness focuses on the bodily communications and what is being sensed at each moment instead of its common reflection on the past or on the future.[24] This will be particularly useful for the offenders in care due to the apprehension of their future, resultant from past actions that have been previously judged upon.

The use of mindfulness therapy is still in infancy as it has begun evolving within contemporary mainstream psychology. Although it has based its roots from Buddhist meditation, it has developed itself within cognitive-behaviour therapy. Mindfulness based therapies encourages patients to integrate these mindfulness skills into their everyday lives. Regular practice of meditation is recommended by eastern spiritual tradition as a method of reducing symptoms of their psychological disorder.25 Until recently, mindfulness has been a relatively unfamiliar concept in western culture perhaps due to its roots in eastern philosophy and Buddhism.[26,27,28]

Mindfulness has room for expansion as it is a relatively new therapy and concept within cognitive-behaviour therapy. Brown, Ryan and Cresswell[29] comment on this as they see mindfulness as prolonging the early stage in information processing: 'to prolong that initial contact with the world' (p212). This suggests that it brings naivety and an innocent outlook on the surrounding environment, instead of the tainted outlook they may previously had. However, most people's experience of mindfulness training sees the process as learning to weaken discursive and evaluative thinking. This can be described as a clear conceptualisation of abandoning future, sometimes unrealistic or anxiety provoking, targets and bringing their personal attention to the present.

With the rapid development of research into the area of mindfulness, the investigation of the use of mindfulness as a rehabilitation psychotherapy has also been in slow progress in forensic populations.[30] On the other hand, mindfulness-based interventions have

17. Borders, A., Earleywine, M. and Jajodia, A., *Could mindfulness decrease anger, hostility, and aggression by decreasing rumination?.* Aggr. Behav. 2010, 36: p 28–44.
18. Teasdale, T., et al., *Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy.* Journal of Counselling and Clinical Psychology, 2000. 68(4): p. 615–623.
19. Dimidjian, S. and M. Lineham, *Mindfulness Practice.* Empirically Supported Techniques of Cognitive Behavior Therapy: A Step-By-Step Guide for Clinicians, ed. W. O' Donohue, J. Fisher, and S. Hayes. 2010, New York: John Wiley & Sons.
20. Kuyken, W., et al., *Mindfulness-based Cognitive Therapy to Prevent Relapse in Recurrent Depression.* Journal of Consulting and Clinical Psychology, 2008. 76(6): p. 966–978.
21. Jon, K.-Z., *Coming to Our Senses: Healing Ourselves and the World Through Mindfulness.* 2005: Hyperion.
22. Kuan, T.-F., *Mindfulness in Early Buddhism: New Approaches Through Psychology and Textual Analysis of Pali, Chinese and Sanskrit Sources.* 2007, Routledge.
23. Siegel, R., *The Mindfulness Solution; Everyday Practices for Everyday Problems.* 2010: The Guilford Press.
24. Marlett, G. and J. Kristeller, *Mindfulness and Meditation.* Integrating Spirituality into Treatment: Resources for Practitioners, ed. W.
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27. Kuan, T.-F., *Mindfulness in Early Buddhism: New Approaches Through Psychology and Textual Analysis of Pali, Chinese and Sanskrit Sources.* 2007, Routledge.
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29. Brown, K., R. Ryan, and J. Cresswell, *Addressing Fundamental Questions about Mindfulness.* Psychological Inquiry, 2007. 18: p. 211–237.
30. Howells, K., et al., *Mindfulness in Forensic Mental Health: Does It Have a Role?* Mindfulness, 2010. 1: p. 4–9.

examined the rehabilitative effects of other Buddhist-derived approaches within offending populations.

A systematic review by Shonin et al[31] compared Vipassana Meditation and mindfulness as Buddhist-derived interventions in correctional settings. The review found that the participants demonstrated significant improvements across five key criminological variables: negative effect, substance use, anger and hostility, relaxation capacity and self-esteem and optimism. Therefore, it could be concluded from this particular review that Buddhist-derived interventions may be feasible and an effective rehabilitation intervention for offenders in care. However in this review, it is recommended that ethical issues are overcome. These are relating to randomisation in correctional settings as some interventions proved to be less favoured by participants.

Buddhist-derived interventions for offender rehabilitation are based on the transformative aspects of Buddhist practice. These aspects have been empirically and informally evidenced within forensic and clinical settings.[32] Herein Buddhist-derived interventions have been shown to modulate known criminological variables, such as negative affective states,[33] anger,[34] hostility,[35] criminal thinking,[36] and impulsivity and deficiencies in emotional regulation.[37] Forensic mental health patients hold these variables in their traits,[38] therefore it could be said that Buddhist-derived interventions maybe of some benefit.

Previously, Waters et al[39] has reported that mindfulness has also been seen to reduce stress and anxiety, and improve self-esteem and psychological wellbeing. Wright, Day and Howells[40] continue on to say that improved self-awareness and present moment awareness are factors that reduce impulsivity. This has been noted when practicing mindfulness, greater self-awareness also corresponds to an increased ability to label and therefore modulate affective states.[41]

Derezotes[42] and Sumpter et al[43] support the notion that frequent practice of Buddhist forms of meditation are found to help promote inner-calm, consequently improve sleep-quality. Sleep quality is found to lead to reductions in autonomic aid and psychological arousal, subsequently, decreasing impulsivity in offenders by reducing arousal in the body and mind. Furthermore, increased breathing awareness during meditation is shown to increase prefrontal functioning and reductions in cardiac frequency, therefore an increase in rational thinking. Offenders in care would benefit from this due to decreased impulsivity and increase in emotional regulation.

The Dalai Lama[44] expands on this by explaining that compassion, loving-kindness, and ethical discipline represent key building blocks of Buddhist practice and help to foster self-acceptance, tolerance, cooperation, respect, and adaptive interpersonal skills. This leads to the conclusion that meditation aids the detachment of the ego-self, therefore reductions in avoidance, disassociation, and a composed philosophical outlook on life.[45] This can improve control over mental urges and impulsivity such as substance abuse and sexual offending.

A number of uncontrolled studies support this view and provide early evidence for the suitability of Buddhist-derived interventions for offenders in care with more specific criminological needs and traits. For example, Buddhist-derived interventions have been shown to improve the rehabilitation of offending adolescents.[46,47]

31. Shonin, E., et al., *Mindfulness and other Buddhist-derived interventions in correctional settings: A systematic review.* Journal: Aggressive and violent behaviour, 2013. 18: p. 365–372.
32. Shonin, E., et al., *Mindfulness and other Buddhist-derived interventions in correctional settings: A systematic review.* Journal: Aggressive and violent behaviour, 2013. 18: p. 365–372.
33. Day, A., *Offender emotion and self-regulation: Implications for offender rehabilitation programming.* Psychology; Crime and Law, 2009. 15(2-3): p. 119–130.
34. Novaco, R.W., *Anger Dysregulation.* Anger, Agression, and Intervention for Interpersonal Violence, 2007: p. 3–54.
35. Perelman, A.M., et al., *Meditation in a deep south prison: A longitudinal study of the effects of vipassana.* Journal of Offender Rehabilitation, 2012. 51: p. 176–198.
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38. Howells, K., et al., *Mindfulness in Forensic Mental Health: Does It Have a Role?* Mindfulness, 2010. 1: p. 4–9.
39. Waters, A.J., et al., *Associations between mindfulness and implicit cognition and self-reported affect.* 2009. p. 328–337.
40. Wright, S., A. Day, and K. Howells, *Mindfulness and the treatment of anger problems.* Aggression and Violent Behaviour, 2009. 14: p. 396–401.
41. Gillespie, S.M., et al., *Treating disturbed emotional regulation in sexual offenders: The potential applications of mindful self-regulation and controlled breathing techniques.* Aggression and Violent Behaviour, 2012. 17: p. 333–343.
42. Derezotes, D., *Evaluation of yoga and meditation trainings with adolescent sex offenders.* Child and Adolescent Social Work Journal, 2000(17): p. 97–113.
43. Sumpter, M.T., E. Monk-Turner, and C. Turner, T*he benefits of meditation practice in the correctional setting.* Journal of Correctional Health Care, 2009. 15: p. 47–57.
44. Lama, D., *Stages of Meditation: Training the Mind for Wisdom*. 2001, London: Rider
45. Sahdra, B.K., P.R. Shaver, and K.W. Brown, *A scale to measure nonattachement: A Buddist complement to western research on attachement and adaptive functioning.* Journal of Personality Assessment, 2010. 92: p. 116–127.
46. Himelstein, S., *Mindfulness-based substance abuse treatment for incarcerated youth: A mixed method pilot study.* International Journal of Transpersonal Studies, 2011(30): p. 1–16.
47. Himelstein, S., et al., *Mindfulness training for self-regulation and stress with incarcerated youth: A pilot study.* Probation Journal, 2012(59): p. 151–165.

Despite the inevitable complications of integrating Buddhist-derived interventions into settings, group based Buddhist-derived interventions are likely to represent a viable therapy due to their cost-effective nature.

Mindfulness and impulsive behaviour and substance abuse

Impulsive behaviour is a key feature in forensic populations.[48,49] Research proposes that maladaptive impulsive behaviour, in which individuals with mental health disorders commit, serves as a coping mechanism in an effort to avoid or escape from strong emotions.[50] The maladaptive behaviour of self-harm is highly common among individuals with mental health disorders. Although self-harm may not lead to offending behaviour, it is important to note the severity of the disorder and the corresponding maladaptive behaviours.

Gratz and Tull[51] states that research also indicate that impulsive behaviour, such as substance abuse, is high among offenders in care. It has been recorded that substance use is a means of self-medicating and can be used as a method of escape from distressing emotions. Perhaps one of the most pressing concerns in the treatment of offenders in care presently, is the finding a suitable therapy which will create a reduction of such maladaptive behaviours, in particular parasuicidal acts and self-harming behaviours.[52]

Mindfulness helps to control these maladaptive behaviours. This is because it focuses on teaching an individual to control attention and develop a sense of awareness and attune to a sense of self.[53] Ivanoff et al[54] states that mindfulness enables patients to simply observe and then describe external and internal stimuli. This ability

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is incredibly beneficial for offenders, because impulse control can be acknowledged and aid the recognition of affective states by simply observing emotions as being 'just emotions'. Therefore offenders may be less inclined to engage in impulsive maladaptive behaviours to block out painful emotions as they understand and accept them.

In addition to this, Breslin et al[55] suggests that mindfulness skills may be a useful treatment for substance abuse. Breslin et al state that mindfulness may function as an exposure strategy and through attention and observation of emotions, individuals can extinguish automatic avoidance of negative thoughts and emotions that can lead to maladaptive behaviours. With negative states often encouraging substance use, mindful attention to drug relevant cues, coupled with a non-avoidant response may desensitise an individual to the effects of emotional stress.

Supporting this research, Bowen et al[56] found results that sustain mindfulness reduce substance abuse. Bowen et al conducted a randomly controlled trial to see how helpful mindfulness training was in decreasing substance abuse compared to a control group who received treatment as usual. The mindfulness training included focused breathing and observation of emotional experience. Results concluded that there was a significant link between mindfulness training and decreased substance abuse in comparison to those who took part on treatment as usual. This is beneficial research in clinical practice, as it is known that substance abuse can lead to uncontrollable and accelerated offending traits, such as aggression, hostility and fundamentally physical violence.[57] Therefore this research encourages the use of mindfulness therapy as it is shown to reduce impulsivity, and subsequently substance abuse.

48. Association, A.P., *Diagnostic Manual of Mental Disorders.* 5 ed. 2013, Arlington, VA: American Psychiatric Association.
49. Howells, K., M. Daffern, and A. Day, *Aggression and Violence.* Handbook on Forensic Mental Health, ed. K. Soothill, M. Dolan, and P. Roger. 2008, Cullompton, Devon: Willan.
50. Chapman, A., M. Specht, and T. Cellucci, *Borderline Personality Disorder and Deliberate Self-Harm: Does Experimental Avoidance Play a Role?* Suicide and Life – Threatening Behaviour, 2005. 33: p. 388–400.
51. Gratz, K. and M. Tull, *The Relationship Between Emotion Dysregulation and Deliberate Self-Harm Amoung Inpatients with Substance Use Disorders.* Cognitive Therapy and Research, 2010. 34(6): p. 544–553.
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53. Moore, A. and P. Malinowski, *Meditation, Mindfulness, and Cognitive Flexibility.* Consciousness and Cognition, 2009. 18: p. 176–186.
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55. Breslin, F., M. Zack, and S. McMain, *An Informaion Processing Analysis of Mindfulness: Implications for relapse Prevention in the Treatment of Substance Abuse.* Clinical Psychology for Scientific Practice, 2002. 9: p. 275–299.
56. Bowen, S. et al. *Mindfulness meditation and substance use in an incarcerated population. Psychology of Addictive Behaviors.* 2006. 20: p 343–347.
57. Association, A.P., *Diagnostic Manual of Mental Disorders.* 5 ed. 2013, Arlington, VA: American Psychiatric Association.

Moore and Malinowski[58] hypothesised that as mindfulness is dependent on attention on a moment-to-moment basis, mindfulness training should lead to increased cognitive flexibility, which subsequently would increase the ability to respond to unexpected emotional events in a non-impulsive and maladaptive way. With mindfulness increasing cognitive flexibility, the therapy could be incredibly useful for offenders in care in allowing them to deal with emotions in a more flexible and productive way, inhibiting the use of maladaptive impulsive behaviours, often used as a means of escape and consequently offending behaviour.

Mindfulness and emotional regulation

There is evidence to suggest that practicing mindfulness can increase adaptive emotional regulation,[59,60] which is implied to be a key deficit in offenders in care.[61]

Emotional regulation strategies aided by mindfulness has been increasingly developed within literature over the last few years.[62] Characteristically, emotional regulation strategies alter thoughts and behaviours in order to address the source of distress. These strategies can be supported through mindfulness techniques, exposure and acceptance, which are found to aid the recognition that distressing thoughts are not always accurate representations on reality.[63,64] This is consistent with Buddhist concepts, as deliberately attending to personal experience and not avoiding them,[65] facilitates insight into ones emotional life which can enable an individual to release themselves from destructive mental states.[66] These mental states hindered by poor emotional regulation can be identified within offending populations.

Mindfulness appears to have a positive effect on emotional regulation skills, demonstrated by its negative associations with emotion-related symptoms such as depression, anxiety, and trauma symptoms. Brown and Ryan[67] note that mindfulness has also a positive effect on well-being. There is evidence that mindfulness helps develop effective emotional regulation in the brain.[68,69] Corcoran et al[70] propose mindfulness creates mechanisms of change through metacognitive awareness, decreases in rumination and enhancement of attention capacities through gains in working memory, which Cocoran et al[71] state contribute to effective emotion regulation strategies. Results from numerous investigations confirm this hypothesis.

In terms of using mindfulness, as an emotional regulation aid for offenders in care, it has some supporting evidence. Researchers and clinicians alike are consistent in the opinion that sexual offenders are typified by problems in the regulation of negative affective states[72,73,74] suggest that deficits in the regulation of affective states may contribute to the offence process. Howells et al[75] continues explain that 'Whilst it may seem intuitively obvious that anger, for example, might increase the risk of certain types of offending, such as violence or rape, it is less apparent why a person in a state of unhappiness or distress might be at risk, especially when the behavioural reactions associated with such feelings typically involve avoidance, inactivity, or flight rather than

58. Moore, A. and P. Malinowski, *Meditation, Mindfulness, and Cognitive Flexibility*. Consciousness and Cognition, 2009. 18: p. 176–186.
59. Farb, N., et al., *Minding One's Emotions: Mindfulness Training Alerts the Neural Expression of Sadness.* Emotion, 2010. 10: p. 25–33.
60. Siegel, D.J., *Mindfulness training and neural integration: Differentiation of distinct streams of awareness and the cultivation of well-being.* Social Cognitive and Affective Neuroscience, 2007. 2(4): p. 259–263.
61. Howells, K., M. Daffern, and A. Day, *Aggression and Violence.* Handbook on Forensic Mental Health, ed. K. Soothill, M. Dolan, and P. Roger. 2008, Cullompton, Devon: Willan.
62. Roemer, L., et al., *Mindfulness and Emotion Regulation Difficulties in Generalized Anxiety Disorder: Preliminary Evidence for Independent and Overlapping Contribution.* Behavior Therapy, 2009. 40(2): p. 142–154.
63. Lineham, M., *Cognitive-Behavioral Treatment of Borderline Personality Disorder.* 1993, New York: Guilford.
64. Teasdale, T., et al., *Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy.* Journal of Counseling and Clinical Psychology, 2000. 68(4): p. 615–623.
65. Jon, K.-Z., *Coming to Our Senses: Healing Ourselves and the World Through Mindfulness.* 2005: Hyperion.
66. Ekman, P., et al., *Buddhist and Psychological Perspectives on Emotions and Well-Being.* Current Directions in Psychological Science, 2005. 14: p. 59–63.
67. Brown, K.W. and R.M. Ryan, *The benefits of being present: Mindfulness and its role in psychological well-being.* Journal of Personality and Social Psychology, 2003. 84(4): p. 822–848.
68. Farb, N., et al., *Minding One's Emotions: Mindfulness Training Alerts the Neural Expression of Sadness.* Emotion, 2010. 10: p. 25–33.
69. Siegel, D.J., *Mindfulness training and neural integration: Differentiation of distinct streams of awareness and the cultivation of well-being.* Social Cognitive and Affective Neuroscience, 2007. 2(4): p. 259–263.
70. Corcoran, K., et al., *Mindfulness and Emotion Regulation: Outcomes and Possible Meditating Mechanisms.* Emotion Regulation and Psychopathy: A Transdiagnostic Approach to Etiology and Treatment, ed. A. King and D. Sloan. 2010, New York: Guilford Press.
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72. Langton, C. and W. Marshall, *The Role of Cognitive Distortions in Relapse Prevention Programmes.* Remaking Relapse Prevention with Sex Offenders: A Sourcebook, ed. D. Laws, S. Hudson, and T. Ward. 2000, Thousands Oaks, California: Sage.
73. Marshall, W., et al., *Self-Esteem and Coping Strategies in Child Molesters.* Journal of Interpersonal Violence, 1999. 14: p. 955–962.
74. Smallbone, S. and M. Dadds, *Attachment and Coercive Sexual Behavior.* Sexual Abuse: A Journal of Research and Treatment, 2000. 12: p. 3–15.
75. Howells, K. *Anger and Its Links to Violent Offending.* Psychiatry, Psychology and Law. 2004, 11(2).

acting out in the form of assault or other offence' (p.186). This quote supports the stance that emotional regulation deficit is common among offenders and can be treated therapeutically with the application of mindfulness.

In addition to examining the effects of mindfulness on emotional regulation and impulsivity for those offenders in care, it is possible to look more directly at how mindfulness techniques can alter brain function. Several studies have showed that mindfulness can alter levels of neural activity in the Prefrontal Cortex and the Amygdala using brain-imaging techniques. Chiesa and Serretti,[76] in a systematic review of the neurobiological and clinical features of mindfulness, found that mindfulness practice causes regular activation of the Amygdala and Prefrontal Cortex. Plus that long-term meditation is associated with enhanced activity in the cerebral areas related to attention. Davidson et al[77] support this view as they report a pattern of cerebral activation that is associated with positive affect in meditators compared with non-mediators. Similarly, Lazer et al[78] demonstrated that mindfulness is associated with increased thickness of the prefrontal cortex and anterior insula, areas that are labelled as being involved with the processing of high level primitive information. This can explain how mindfulness controls emotional regulation instead of having high and irregular activation in these brain functional areas, therefore promising application to forensic mental health patients as it reduces anger, hostility and offending.

Mindfulness and sexual offending

In the early 1980s research began on the treatment of sexual offenders. However, this did take the form of punishment.[79,80] Subsequent research has shown that harsh responses to crime actually increase, rather than reduce, re-offence rates.[81] Furthermore, there is convincing evidence that treatment for all types of criminals can effectively reduce recidivism.[82,83] For sexual offenders, the evidence is gathering to suggest that treatment can be effective.[84] Mindfulness is still in its youth in this context, but some evidence has been found on offenders and previous sexual offences.

It is understood from various studies and periodic reports from the criminal justice system that sexual offenders should be provided with training and treatment to lessen the risk of further sexual offences.[85,86,87] Previous therapeutic interventions, were again, based around cognitive-behaviour therapy and demonstrated positive results.[88,89,90] Earlier studies used a number of different approaches, including problem solving, challenging denial and mitigation of the offence, changing thought (relating to masturbation), appropriate assertiveness, self-control procedures, and the avoidance of risky situations. These factors can be disentangled by the use of mindfulness training as patients accept their thoughts in a non-judgmental manner and subsequently control their actions in an appropriate conduct.[91,92,93]

Previously, to treat sexual offending, hormone interventions were used in institutions. The suggestion

76. Chiesa, A. and A. Serretti, *A Systematic Review of Neurobiological and Clinical Features of Mindfulness Meditations.* Psychological Medicene, 2010. 40(8): p. 1239–1252.
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89. Murphy, G., et al., *Cognitive-Behavioral Treatment for Men with Intellectual Disabilities and Sexually Abuse Behavior: A Pilot Study.* Journal of Intellectual Disability Research, 2007. 51: p. 902–912.
90. Rose, J., et al., *A Group Treatment for Men with Intellectual Disabilities who Sexually Offend or Abuse.* Journal of Applied Research in Intellectual Disabilities, 2002. 15: p. 138–150.
91. Langton, C. and W. Marshall, *The Role of Cognitive Distortions in Relapse Prevention Programmes.* Remaking Relapse Prevention with Sex Offenders: A Sourcebook, ed. D. Laws, S. Hudson, and T. Ward. 2000, Thousands Oaks, California: Sage.
92. Marshall, W., et al., *Self–Esteem and Coping Strategies in Child Molesters.* Journal of Interpersonal Violence, 1999. 14: p. 955–962.
93. Smallbone, S. and M. Dadds, *Attachment and Coercive Sexual Behavior.* Sexual Abuse: A Journal of Research and Treatment, 2000. 12: p. 3–15.

in literature indicates that hormone interventions may reduce sexual assault and public masturbation on individuals.[94] Hormone interventions may also decrease the intensity and frequency of sexual fantasy and sexual behaviours in the population.[95] Although hormone interventions have shown to be effective, they have shown a decrease in appropriate and inappropriate sexual arousal. This review will continue to explain how mindfulness therapy can aid the reduction in sexual offending in an appropriate manner, with or without hormone interventions.

It has been suggested by Howells[96] that mindfulness may represent a therapeutic alternative to traditional cognitive-behavioural interventions for sexual offenders. As explained previously, mindfulness can aid the emotional regulation of an individual. Many researchers and clinicians are also consistent with this opinion.[97,98,99] Howells, Day and Wright[100] imply that deficits in the regulation of affective states may contribute to the offense process. Furthermore, poor self-management and poor socio-affective functioning have been identified as risk factors associated with subsequent sexual offense recidivism, along with sexual interests and distorted attitudes.[101,102]

However, current literature suggests that sexual offenders may be able to voluntarily control their arousal and penile response during formal measurement for diagnostic classification. Kalmus and Beech[103] investigated this response by asking participants to process a neutral reaction to the viewing of pictures in provoking magazines, whilst testing their sexual arousal. In explanation, when deviant sexual thoughts arose in their minds, they told themselves that they were not thoughts and they did not have to react to them. Kalmus and Beech found that 80 per cent of participants were able to control their thoughts through a cognitive self-control strategy. Mindfulness-based

interventions could stem from these findings as the treatments allows offenders to focus on one thing, such as breathing, as they accept and not judge the thoughts that may come to mind.

Singh et al[104] examined participants, who were classified as sexual offenders, inappropriate sexual arousal to the desired stimuli. Singh et al state that the process of becoming aroused by desire can be broken by inserting an incompatible behavior between the presence of the desired stimulus and the psychological and physical response that follows. They lead on to discuss the progress of using 'Meditation on Soles of the Feet' and 'Mindful observation of Thought' as self-control strategies. Participants were seen to learn to neither engage in, nor actively avoid, deviant sexual thoughts; they were to simply observe the thoughts as they occurred. The participants concluded that they found the shift in attention from the precursors of aggression to the precursors of deviant sexual arousal to be a challenge however they were able to show some degree of voluntary self-control when requested by the therapist. Although this study was relatively a self-report study, it could be suggested that physiological measures are needed to validate the participants self-report. Another limitation is the small participant group and the time spent in each treatment phase, therefore generalisation and reliability is questionable.

Hanson and Harris,[105] who in their study of sexual offenders on community supervision orders, found that reoffenders showed an increase in negative emotion, anger and general psychotic symptoms just prior to offending. More recently Wiesner, Kim, and Capaldi,[106] in their longitudinal research, identified a link between high levels of depressive symptoms and substance use in a sample of what they termed 'chronic high level' offenders. As mindfulness has shown to reduce the

94. Clarke, D., *Anti-Libidinal Drug and Mental Retardation: A Review.* Medicine, Science and the Law, 1989. 28: p. 136–148.

95. Cooper, A., *Review of the Role of Two Anti-Libidinal Drugs in the Treatment of Sex Offenders with Mental Retardation.* Mental Retardation, 1995. 33: p. 42–48.

96. Howells, K., et al., *Mindfulness in Forensic Mental Health: Does It Have a Role?* Mindfulness, 2010. 1: p. 4–9.

97. Smallbone, S. and M. Dadds, *Attachment and Coercive Sexual Behavior.* Sexual Abuse: A Journal of Research and Treatment, 2000. 12: p. 3–15.

98. Ward, T. and S. Hudson, *A Self-Regulation Model of Relapse Prevention.* Remaking Relapse Prevention with Sex Offenders: A Sourcebook, ed. D. Laws, S. Hudson, and T. Ward. 2000, Thousand Oaks, California: Sage.

99. Langton, C. and W. Marshall, *The Role of Cognitive Distortions in Relapse Prevention Programmes.* Remaking Relapse Prevention with Sex Offenders: A Sourcebook, ed. D. Laws, S. Hudson, and T. Ward. 2000, Thousands Oaks, California: Sage.

100. Howells, K., Day, A. & Wright, S. *Mindfulness and the Treatment of Anger Problems.* Aggression and Violent Behaviour, 2009, 14(5): p. 396–401.

101. Hanson, R. and A. Harris, *A Structured Approach to Evaluating Change Among Sexual Offenders.* Sexual Abuse: A Journal of Research and Treatment, 2001. 13: p. 105–122.

102. Thornton, D., *Constructing and Testing a Framework for Dynamic Risk Assessment.* Sexual Abuse: A Journal of Research and Treatment, 2002. 14: p. 139–153.

103. Kalmus, E. & Beech, A. *Forensic assessments of sexual interest: A review. Aggression and Violent Behavior,* 2005. 10: p 193–217.

104. Singh, N., Lancioni, G., Winton, A., Singh, A.,Adkins, A., Singh, J. *Can adult offenders with intellectual disabilities use mindfulness-based procedures to control their deviant sexual arousal?* Psychology, Crime & Law 2011, 17(2).

105. Hanson, R. and A. Harris, *A Structured Approach to Evaluating Change Amoung Sexual Offenders.* Sexual Abuse: A Journal of Research and Treatment, 2001. 13: p. 105–122.

106. Wiesner, M., H. Kim, and D. Capaldi, *Developmental Trajectories of Offending: Validation and Prediction to Young Adult Alcohol Use, Drug Use, and Depressive Symptoms.* Development and Psychopathology, 2005, 1: p. 251–270.

effects of depression by emotional regulation and impulsiveness, could be potentially adaptable to sexual offenders and their recidivism.[107]

Conclusion

Although mindfulness training is often delivered in clinical settings, the intervention itself is the product of Buddhism, a philosophical and psychological system, concerned not primarily with treatments for disorders, but with the enlightenment or psychological liberation of the ordinary person. A review conducted by Baer[108] suggests that mindfulness-based interventions are clinically efficacious, although more intricately designed studies are needed to substantiate the field and aid its growth. Bishop[109] supports this view as he also poses the question of when mindfulness can be certified as an approach, especially for offenders in care. This adds to the growing literature on mindfulness as a therapeutic modality,[110,111,112] although it was never intended to be used to revolutionise psychological distress in clinical and non-clinical populations, in an addition to assisting people to alter their consciousness. Instead it can be seen that mindfulness therapy may alleviate some traits in committing serious crimes, such as inappropriate sexualised offending and physical harmful behavior.[113] In addition to, how the crimes have or may have occurred because of increased impulsivity, substance misuse, and a deficit in emotional regulation.[114,115]

In summary, there is a demonstrable need for clinical practitioners to be aware of the rapid progress and accumulating evidence for mindfulness therapy training, in general clinical psychology. Mindfulness appears to meet the very clinical and criminogenic needs that have been identified in forensic populations, but for which therapeutic remedies are in short supply. The scientific task, however, of formally evaluating effectiveness of such methods has barely begun.

107. Teasdale, T., et al., *Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy.* Journal of Councelling and Clinical Psychology, 2000. 68(4): p. 615–623.
108. Baer, R.A., *Mindfulness training as a clinical intervention: A conceptual and empirical review.* Clinical Psychology: Science and Practice, 2003. 10: p. 125–143.
109. Bishop, S., et al., *Mindfulness: A Proposed Operational Definition.* Clinical Psychology: Science and Practice, 2004. 11(3): p. 230–241.
110. Baer, R.A., *Mindfulness training as a clinical intervention: A conceptual and empirical review.* Clinical Psychology: Science and Practice, 2003. 10: p. 125–143.
111. Hayes, S.C., V.M. Follette, and M.M. Linehan, *Mindfulness and acceptance: Expanding the cognitive-behavioural tradition.* 2004, New York: Guilford Press.
112. Singh, N.N., et al., *Enhancing treatment team process through mindfulness-based mentoring in an inpatient psychiatric hospital.* Behaviour Modification, 2006. 30: p. 423–441.
113. Singh, N., et al., *Clinical and Benifit-cost outcomes of teaching a mindfulness-based procedure to adult offenders with intellectual disabilities.* Behav. Modif, 2008. 32(5): p. 622–637.
114. Fehrer, F., *The Awareness Response: A Transpersonal Approach to Reducing Maladaptive Emotional Reactivity.* 2002, Institute of Transpersonal Psychology: Palo Alto: California.
115. Howells, K., M. Daffern, and A. Day, Aggression and Violence. Handbook on Forensic Mental Health, ed. K. Soothill, M. Dolan, and P. Roger. 2008, Cullompton, Devon: Willan.

Empowered to be resilient:

Neo-liberal Penal Rhetoric and The Corston Report (2007)[1]

Helen Elfleet, is a PhD candidate and Graduate Teaching Assistant at Edge Hill University.

In one of the most recent and influential reports on women's imprisonment in England and Wales, *A Review of Women With Particular Vulnerabilities In The Criminal Justice System,*[2] Baroness Jean Corston reiterated the concern that the women's prison estate was comprised of highly vulnerable individuals who were ill served by a system designed with men in mind. The report was initiated in response to a number of controversial self-inflicted deaths in women's prisons – of note is HMP Styal, which had experienced six self-inflicted deaths in a twelve month period. Thus, in 2006 the government commissioned Baroness Corston to conduct a report which would review the adequacy of government initiatives for women and girls in conflict with the law, and make recommendations for change.

The Corston Report was published in 2007 and made some significant acknowledgements about the women's prison population. Corston stated that most women in prison could be described as victims themselves, since they had histories of violence and abuse.[3] Her concerns reiterated what researchers and activists have been highlighting for numerous years, that the women's prison population is comprised of individuals who are socially and economically deprived.[4] Corston in outlining their issues, stated that women in prison were often mothers; pregnant; drug users; alcoholics; appeared very thin and unwell; had been victims of sexual and emotional abuse; were not in control of their lives; did not have many choices; were frail and vulnerable despite often appearing brash and confident; had self-harmed; had mental health problems; were poor; were not all the same, they were individuals; and that they were disproportionately from black and minority ethnic groups,

as compared to their representation in the general population.[5] She importantly acknowledged that the nature or seriousness of women's offending had not worsened, and therefore the increase in the women's prison population was representative of an increasing willingness to use custodial sentences for less serious offences.[6] She furthermore reiterated the concern that women in conflict with the law were being inappropriately dealt with by a system designed with men in mind.[7]

In total Corston made 43 recommendations which she argued would form 'a blueprint for a distinct, radically different, visibly led, strategic, proportionate, holistic, *woman-centred* approach'.[8] She stated that this approach would recognise that women and men are different, but that equality was not reducible to equivalent treatment of men and women in the criminal justice system.[9] This being so, Corston recommended that every agency within the criminal justice system should accelerate and prioritise the implementation of the Gender Equality Duty, and recommended that the duty be taken on board by every public body within the criminal justice system. She furthermore stated that a mainstreaming of services for women would be more likely to reduce the risk of re-offending, and recommended that an Inter-Departmental Ministerial Group for women be immediately established, guided by a top level *champion* for women.[10]

In what was clearly her most radical recommendation Corston stated that the government should announce within six months, a clear strategy which should take place within ten years to replace women's prisons with smaller custodial units. She noted that these units should be well dispersed, multi-functional and staffed by women, stating that women need help, care, and therapeutic environments to assist them in

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1.   The paper is based on the findings of the authors Master's thesis. *See* Dunbabin,H.(2013). *Gender Responsive Penality: A Feminist Abolitionist Analysis of Official Penal Discourse on Women's Imprisonment Post Corston Report (2007).* Unpublished Master's thesis, University of Central Lancashire. Available at:
     http://clok.uclan.ac.uk/9801/2/Dunbabin%20Helen%20Final%20eThesis%20(Master%20Copy).pdf.
2.   Corston, J., (2007), *The Corston Report: A Report by Baroness Jean Corston of a Review of Women with Particular Vulnerabilities in the Criminal Justice System,* London: Home Office.
3.   Corston (2007:3).
4 .   *See* Carlen, P., (1983), *Women's Imprisonment A study in Social Control,* London: Routledge & Kegan Paul; Heidensohn, F., (1985), *Women and Crime,* London: Macmillan.
5.   Corston (2007:27)
6.   Corston (2007:16)
7.   Corston (2007:2)
8.   Corston (2007:79)
9.   Corston (2007:24)
10.   Corston (2007:2)

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rebuilding their lives.[11] Corston purported that these smaller units would be a real alternative to custody. They would facilitate the supervision of community sentences and provide support to women offenders, and those who were at risk of offending, the aim of which would be to encourage women to access support and early intervention.[12] Thus many of Corston's recommendations clearly advocated downsizing the woman's penal estate.

Whilst Corston clearly made some important acknowledgements regarding women's imprisonment in England and Wales, her approach is however not without limitations and implications. There have been some significant concerns raised in relation penal reform attempts that propose gender responsive models.[13]

Gender responsivity in question

Kelly Hannah-Moffat, in her influential text *Punishment in Disguise,*[14] has argued that the incorporation of feminist discourse, such as woman-centeredness, empowerment and an ethics of care[15] within penal policy may increase the potential to reframe penal power in women's corrections.[16] Whilst penal reformers have endeavoured to be aware of gender differences, and have importantly acknowledged that the needs of women in prison are

> Whilst Corston clearly made some important acknowledgements regarding women's imprisonment in England and Wales, her approach is however not without limitations and implications.

different from the needs of men, Hannah-Moffat has, nonetheless, drawn attention to the potentially flawed nature of such endeavours highlighting that they rely on stereotypical assumptions regarding femininity.[17] Indeed, gender responsive approaches are reliant on the existence of a homogenised female 'norm', which is in fact nowhere universally defined.[18] Thus, whilst feminist critiques of gender neutrality have importantly drawn attention to the concern that the male norm has been utilised in the organisation of penal policy,[19] they have also created new methods of responding to women in conflict with the law.

In a prison context such responses have had some positive impacts for women, in that the experiences of incarceration are undoubtedly different for women than they are for men.[20] They may also however reinforce stereotypes regarding suitable feminine behaviour. As Hannah-Moffat notes,[21] whilst women may be characterised as maternal, nurturing, victimised, and disadvantaged, they may also be assumed to lack discipline and maternal skills, as a result they are perceived as being irresponsible and risky. Thus women in conflict with the law can be dichotomously seen as both *at risk* and *a risk*.

Hannah-Moffat has therefore drawn attention to the ways in which feminist knowledge can be radically excised from its original meanings when incorporated within official penal discourse. Utilising a Foucauldian analysis of

11. Corston (2007:5).
12. Scott, D. & Codd, H., (2010), *Controversial Issues in Prison.* Berkshire: Open University Press.
13. See Hannah-Moffat, K., (2001), *Punishment in Disguise,* Toronto: University of Toronto Press; Goodkind,S. (2009).'You can be Anything you Want, but you have to Believe it: Commercialised Feminism in Gender Specific Programmes for Girls', Signs, vol 34 (2),pp.397-422. *and*, Haney, L., (2010), *Offending Women: Power, Punishment, and the Regulation of Desire,* California: University of California Press.
14. Hannah-Moffat (2001).
15. An ethics of care is associated with gender/cultural feminists, see: Gilligan, C., (1982), *In a Different Voice: Psychological Theory and Women's Development,* Cambridge: Harvard University Press, *and* Noddings, N., (1984), *Caring: A Feminine Approach to Ethics and Moral Education,* Berkley, California: University of California.
16. Hannah-Moffat, K., (2010), 'Sacrosanct or Flawed: Risk, Accountability and Gender Responsive Penal Politics', *Current Issues in Criminal Justice,* 22(2), pp. 193-215.
17. Hannah-Moffat (2010).
18. For further consideration of these issues see: Cruikshank,B (1999). *The Will to Empower: Democratic Citizens and Other Subjects.* USA. Cornell University Press.
19. *See* Gilligan (1982); Noddings (1984) *and* Heidensohn, F., (1986), 'Models of Justice: Portia or Persephone? Some Thoughts on Equality Fairness and Gender in the Field of Criminal Justice', *International Journal of the Sociology of Law,* 14, pp. 287-298.
20. For further consideration of these issues see: Carlen, P. (1994) 'Why Study Women's Imprisonment? Or Anyone Else's? *The British Journal of Criminology.*Vol 34, pp.131-140.
21. Hannah-Moffat, K., (1999), 'Moral Agent or Actuarial Subject: Risk and Canadian Women's Imprisonment', *Theoretical Criminology,* 3, pp.71-94.
22. Feeley, M., & Simon, J. (1992), 'The New Penology: Notes on the Emerging Strategy for Corrections and Its Implications', *Criminology,* 30, pp.49-74.
23. Hannah-Moffat (2001).
24. Hannah-Moffat, K., (1999), 'Moral Agent or Actuarial Subject: Risk and Canadian Women's Imprisonment', *Theoretical Criminology,* 3, pp.71-94

power and knowledge, and drawing on recent governmentality literature, she has highlighted the ways in which the state has become infused with other modalities of governance. Furthermore, in drawing on actuarial forms of power,[22] it is apparent that risk based modes of governance have become deeply embedded in contemporary penal discourse.[23] However, unlike actuarialism, disciplinary modes of governance have not been replaced by risk based technologies. They instead co-exist in what she has termed *hybrid moral/actuarial penality.*[24] Women in conflict with the law are not solely subject to moral management, they are also subjected to therapeutic interventions designed to minimise their overall risk of reoffending. The governance of women is therefore likely to be reliant on a number of intrusive interventions that are designed to assess her overall *riskiness*. Thus the lives of women in prison are likely to be subject to scrutiny in a number of areas, in assessment of their past abuses and traumas, assessment of drug and alcohol dependency, assessment of their parenting skills, and of their education and vocational training.[25] Gender responsive penal reform attempts are therefore likely to be incorporated within managerial discourses of *risk*, and as a result *needs* are likely to be calculated as factors contributing to the risk of re-offending. In addition, these *high-risk* needs are likely to be framed as the result of poor life choices and a woman centred approach may be deemed the solution to this crisis of *risk/need.*

The implementation of woman-centred strategies in a neo-liberal context is likely to be fraught with tensions, since neo-liberalism promotes individualism and rationality. Subjects are expected to be prepared, adaptive, self-sufficient and reflexive beings who conduct their own risk assessments. They are therefore deemed solely responsible the outcomes of their lives, whether these be financial, social, or political.[26] Thus woman-centred approaches may be deployed as neo-liberal strategies of governing from a distance, through the implementation of programmes designed to maximise adaptability and resilience in those whose *needs* are deemed to be indicators of *risk*. Inevitably then, the burden of responsibility for reducing *risk* is placed with the individual, and blame can be allocated should an individual 'fail,' or refuse, to minimise her risk or reoffending through programmes designed to *empower* her to do so.[27] *Thus governance from a distance* [28] should not be viewed as an indicator of state retrenchment. Whilst crime control is removed as a sole responsibility of the state through the creation of state partnerships and diffuse state policy, this should instead be viewed as a means of dissolving the state of full responsibility in crime control, a manoeuvre that ultimately serves to strengthen the state.[29] As Hannah-Moffat notes, gender responsive penal reform attempts 'feminise[] the discourse and practices of imprisonment without fundamentally challenging or restructuring the disciplinary relations of power in prisons'.[30] Thus there is no consideration of the fact that such strategies are overwhelmingly applied to those at the bottom of the socio-economic strata. In addition such strategies are particularly problematic since empowerment is generally associated with the emancipation of oppressed groups. It is a strategy less likely to be perceived as abrasive and oppressive and thus one that is less likely to be challenged.[31] Gender responsive strategies may therefore present the prison as a suitable location for empowerment and healing. Ultimately this frames the prison as a locus of social justice,[32] a strategy that obscures its role as a place of punishment.

The concerns in relation to gender responsive penal reform attempts are of particular relevance in relation to the Corston Report, one of the most recent and influential reports on the imprisonment of women in England and Wales.[33] As Scott and Codd have acknowledged,[34] Kelly Hannah-Moffat's analysis has clear implications for the reform recommendations set out in the Corston Report, since a 'holistic, woman-centred approach'[35] is advocated.

Analysing Corston: Promoting resilience as a viable empowerment strategy?

From the outset of her report Corston undoubtedly made some important acknowledgements about the women's prison population. In doing so she stated that

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25. Hannah-Moffat (2010:200).
26. Joseph,J.(2013). 'Resilience as embedded neoliberalism: a governmentality approach' *Resilience: International Policies, Practices and Discourses,* vol.1(1). pp.38-52.
27. Hannah-Moffat, K (2000a) Re-forming the Prison: Rethinking Our Ideals'. In: Hannah-Moffat, K. & Shaw, M., (2000), *An Ideal Prison: Critical Essays on Women's Imprisonment in Canada,* Manitoba: Fernwood Publishing.
28. Described as an on-going process of state partnerships. See Rose, N., (1999), *Powers of Freedom: Reframing Political Thought, New York:* Cambridge University Press.
29. Hannah Moffat (2001); Haney (2010).
30. Hannah-Moffat,K (2000b:521). 'Prisons That Empower: Neo-Liberal Governance in Canadian Women's Prisons'. *The British Journal of Criminology*. 40, pp.510-531.
31. Hannah-Moffat (2001).
32. Hannah-Moffat (2000a;2001).
33. Furthermore, as Scott & Codd (2010) have noted, the Corston Report has informed some of the most recent policy developments in relation to women offenders.
34. Scott and Codd (2010:40).
35. Corston (2007:79).

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when women were exposed to certain vulnerability factors, such as domestic circumstances, personal circumstances and social-economic factors, this was likely to lead to a crisis point resulting in imprisonment. For Corston these vulnerability factors are significant:

It is these underlying issues that must be addressed by helping women develop resilience, life skills *and* emotional literacy.[36]

Given the outlined concerns regarding woman centred approaches, this suggestion is problematic since the focus is clearly individualistic. Women in prison are assumed to lack emotional literacy and the skills in which to succeed in life. Promoting the need for resilience and life skills is indeed problematic, as Joseph has acknowledged, resilience is a concept that all too readily aligns with the aims and functions of neo-liberalism, since it can be associated with strategies of adaptation, which are purported to be essential in uncertain economic climates. Whilst resilience as a concept may not be wholly reducible to neo-liberal governance and policy, it may nonetheless support the overall aims and functions of neo-liberalism. Since, in such a case, it may be associated with an individual's ability to 'bounce-back' when faced with difficulties, whether they be economic or social.[37] Thus the solution to financial hardship may be measured in terms of the ability of an individual to negotiate change, to use their initiative to adapt their behaviour accordingly in order to make appropriate life choices. The overall aim therefore is the 'mobilisation of social agents' in their own governance, minimising and obscuring the role of external forces and influences. Ultimately this serves to reinforce and indeed conceal hierarchical relations of power.[38]

Therefore in designating women in conflict with the law as *emotionally illiterate,* the assumptions drawn from such a statement are that they lack the necessary skills to negotiate the *inevitable* social and financial changes in life. The solution to which is the development of resilience in order to better negotiate these changes, marginalising the role of structural relations in either their success or failure.

Corston in laying out her recommendations for a woman-centred approach further argues:

Respect for one another, forming and maintaining relationships, developing self-confidence, simply being able to get along with people without conflict *must come before numeracy and literacy skills.* Life skills, *for example, how to live as a family or group, how to* contribute to the greater good, *how to cook a healthy meal, are missing from the experiences of many women in modern society who come in contact with the criminal justice system.*[39]

For Corston the development of life skills is the most important factor of all, this must come before all else. Presumably the assumption is that in order for women to contribute to the greater good, to be productive individuals in society, they must be educated and trained in skills designed to foster self-reliance and resilience, presumably by suitable female role models,[40] those adhering to the normative standards of femininity.[41] As Hannah-Moffat has observed, such rhetoric allows for strategies of responsibilisation whilst at the same time minimising the role of the state in creating, and exacerbating, social and economic inequalities. Furthermore what is apparent here is the assumption that women in conflict with the law are solely responsible for the outcomes of their lives, regardless of the external pressures and constraints those lives are subject to.

Whilst Corston did recommend that the women's prison population be dramatically reduced, and a new system of custodial units be established for the most serious offenders, her discourse nonetheless lost sight of the experiential reality of prisons.

In advocating a community centre structure for women's corrections, Corston cites Asha and Calderdale as pioneers of a woman centred approach:

'Their broad approach is to treat each woman as an individual *with her own set of* needs <u>and</u> problems *and to increase their capacity to* take responsibility for their lives'*[42]

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36. (Corston, 2007:2, para.1, emphases added).
37. Joseph (2013:41).
38. Joseph (2013:1).
39. Corston (2007:44, para 4.27, emphases added).
40. Cortson (2007:86), does indeed advocate that women's day centres and residential units be staffed by women. It should be acknowledged that whilst female staff may be beneficial in terms of providing women only settings for those with experience of violence and abusive relationships, the governance of women by women is not without coercive power dimensions. As such, these dimensions should not be overlooked since they may be presumed to be wholly supportive and therapeutic, see Hannah-Moffat (2001) for a discussion on the coercive aspects of maternalism.
41. It is perhaps here that the similarities between Corston and prior penal reformers, notably Elizabeth Fry, can be drawn.
42. Corston (2007:10, para 18, emphases added).

Thus in setting out her blueprint for a *woman centred approach* Corston promotes discourses of responsibilisation as a solution to the concerns surrounding women's corrections in England and Wales. If Asha and Calderdale are indeed pioneers of a woman centred ethos, their broad approach appears to be to categorise the *needs* of vulnerable women as *problems*, and to place an emphasis on the objective of responsibilising vulnerable women to take sole charge of their lives. In this sense empowerment is envisaged as a means of diminishing dependency, through the promotion of resilience, self-sufficiency and responsibility. Strategies that clearly conform to neo-liberal ideals.

Therefore, despite the real opportunity for change presented by the Cortson Report, it nonetheless subscribed to neo-liberal rhetoric, that emphasises individual responsibility, resilience, self-confidence and independence as solutions to economic and social marginalisation.

The government response to Corston

The Government published its response to the Corston Report in December 2007, setting out a strategy to develop community based provisions for offending women, and those at risk of offending.[43]

The Government agreed with most of the recommendations made by Corston, responding by publishing the Ministry of Justice Gender Equality Scheme on April 1st 2008, and by implementing gender specific standards in women's prisons.[44] A further forty million pounds of funding was given to the National Offender Management Service (NOMS) to support effective community sentences, an Inter-Ministerial Group was established, and a Ministerial Champion for women was appointed.[45]

However Corston's most radical recommendation, regarding the replacement of current women's prisons with smaller local units, was side-lined. The government concluded that the recommendations of its Working Group had highlighted that whilst the underlying concept of the smaller custodial units should be taken into account when developing the women's prison estate, the overall structure of the custodial units was not feasible. The Working Group identified what they deemed to be key weakness of the proposed units, stating that a range

of smaller units within already established women's prisons, holding between 100-150 women, would be more practical in supporting the vulnerabilities of incarcerated women.[46] It was further argued in relation to the regimes of the units that:

> 'Self-care' *units help to reduce the austerity of the institutional environment and provide* independence *and* self-reliance *to build* self-esteem.[47]

Firstly, the suggestion of smaller units within existing women's prisons was sadly ironic, since this was the structure in place at HMP Styal during the controversial self-inflicted deaths of six women.[48] Secondly, the rationale for the regimes of the units is indeed problematic. Again, similarly to the Corston Report, the regimes of such units, regardless of how they are structurally implemented, are argued to promote self-reliance and independence. Strategies which are deemed to facilitate self-esteem, an attribute often associated with empowerment. Thus the link between the generation of self-esteem and independence is forged. Presumably such regimes construct dependency as detrimental to self-esteem, confidence, and overall empowerment.

Alternative approaches

It can therefore be argued that gender responsive, woman centred penal reform attempts are insufficient, and furthermore that they may in fact serve to legitimise the use of imprisonment.[49] As Carlen and Worrall[50] have noted, a fundamental focus on both male and female imprisonment may therefore be preferable, since a specific focus on women's imprisonment may result in the presumption that women's prisons are less abrasive than men's. An assumption that may lead to an increase in the women's prison population if the repeated official message of reassurance is that women's prisons are caring, therapeutic and empowering institutions.

Thus, anything less than abolitionist approaches to penal affairs are unlikely to significantly reduce the women's prison population.

What is required is a woman-wise penology, similar to that advocated by Carlen over 25 years ago, which would aim to ensure that the penal regulation of women does not increase their oppression further, and that the

43. Ministry of Justice, (2007), *The Government's Response To The Report by Baroness Corston of a Review of Women with Particular Vulnerabilities in the Criminal Justice System,* London: MoJ.
44. Prison Service, (2008), *Prison Service Order 4800: Women Prisoners.* Available at: http://www.justice.gov.uk/offenders/psos.
45. Ministry of Justice, (2008), *Delivering the Government Response to the Corston Report: A Progress Report on Meeting the Needs of Women With Particular Vulnerabilities in the Criminal Justice System,* London: MoJ.
46. Hansard (2008), *House of Commons Debate,* 03 July 2008, col.311.
47. Ministry of Justice, (2008:11).
48. The Waite wing at HMP Styal, housing those deemed most vulnerable, was fenced off from the rest of the prison.
49. Hannah-Moffat, K. & Shaw, M., (2000), 'Introduction'. In: Hannah-Moffat, K. & Shaw, M., (2000), *An Ideal Prison: Critical Essays on Women's Imprisonment in Canada,* Manitoba: Fernwood Publishing.
50. Carlen, P. & Worrall, A., (2004), *Analysing Women's Imprisonment*. Devon: Willan Publishing.

penal regulation of men does not brutalize them, making them more violently, or ideologically, oppressive towards women.[51]

Imprisonment should therefore be recognised as inappropriate for both men and women, since it can be understood as a violent and dehumanising environment that is more likely to perpetuate harm, than reduce it.[52] Since abolitionist approaches aim to reduce the reach of the penal dragnet,[53] through a clear decarceration agenda, they are far less likely to be incorporated within official penal discourse. An abolitionist approach acknowledges the limitations of gender responsive approaches, through a recognition that they are likely to be incorporated within official rhetoric in support of the prison, leaving it and the central state more powerful than before. Furthermore, as Scott[54] has acknowledged, abolitionism allows for an assessment of the rightfulness or wrongfulness of imprisoning socially and economically excluded individuals. Since abolitionists have long recognised that imprisonment is overwhelmingly and relentlessly wielded against those most marginalised in society, it is therefore far more likely to challenge the legitimacy of imprisonment.[55]

Conclusions

It is evident, and perhaps unsurprising, that the core recommendation of the Corston Report, to significantly downsize the women's penal estate, has not been realised. Nearly ten years on from the publication of the report, it remains clear that there has been a small impact on the women's prison population. At the time of writing, December 15th 2016, the women's prison population in England and Wales stands at 3,944.[56]

Furthermore it is clear that self-harm and self-inflicted death remain significant issues in the women's penal estate. Whilst there had been a welcomed fall in the number of self-inflicted deaths in women's prisons, from 14 in 2003 to 5 in 2015, the number of self-inflicted deaths increased sharply in 2016 with 11 recorded by December.[57]

In addition the female prison population still accounts for a disproportionate number of self-harm incidents, despite only representing 4.6 per cent of the prison population. In the twelve months to June 2016 there were 7,596 recorded incidents of self-harm by female prisoners, a rise of 6 per cent on the previous year.[58] As Inquest note, the underlying issues surrounding women's prisons remain 'stubbornly familiar, and go beyond the prison walls'.[59]

Thus, whilst Corston reiterated the multitude of issues that women face, her discourse was nonetheless disconnected from a social justice agenda. Her recommendations were further made without a critique of prison building and refurbishment. As Sim has noted, the absence of such a critique does little to 'challenge the central role of the prison within contemporary political and popular consciousness'.[60] Furthermore her strategy did not challenge the notion that women in conflict with the law are rational subjects, who are responsible for the circumstances of their lives, it reinforced it. In doing so Corston allows for the structural relations impacting upon the lives of vulnerable women to be side-lined.[61] What is apparent from her discourse is that women who do not conform to the neo-liberal ideal, of the adaptable, resilient and self-sufficient subject, capable of self-managing risk, are likely to be deemed emotionally illiterate beings. The remedy to such a state is compliance with woman centred strategies designed to embed self-sufficiency and resilience, in order to overcome their presumed emotional illiteracy.

51. Carlen, P.(1990:114). *Alternatives to Women's Imprisonment, Buckingham:* Open University Press.
52. This is a particularly contested statement in regard to the imprisonment of men who have committed serious violence against women. Indeed, not all feminists would argue such a case. For a detailed discussion of the tensions, and similarities, between feminism and abolitionism see: van Swaaningen, R., (1989), 'Feminism and Abolitionism as Critiques of Criminology', *International Journal of The Sociology of Law,* 17, pp. 287-306.
53. Sim, J. (2009). Punishment and Prisons: *Power and the Carceral State,* London: Sage.
54. Scott, D.(2009). *Ghosts Beyond Our Realm: A Neo-abolitionist Analysis of Prisoner Human Rights and Prison Officer Culture,* Saarbrücken: VDM.
55. Scott (2009); Sim (2009).
56. The Howard League for Penal Reform (2016). 'Weekly Prison Watch' available at: http://howardleague.org/prisons-information/prison-watch/
57. Inquest (2016). *Deaths of Women in Prison.* Available at: http://www.inquest.org.uk/statistics/deaths-of-women-in-prison. Accessed 15/12/16.
58. Ministy of Justice (2016:9-10). *Safety in Custody Statistics Bulletin, England and Wales: Deaths in Prison Custody to September 2016, Assaults and self-harm to June 2016.* London. MoJ.
59. Inquest (2013). *Preventing Deaths of Women in Prison: The Need for an Alternative Approach.* Available at:http://www.inquest.org.uk/pdf/briefings/INQUEST_Preventing_deaths_of_women_in_prison.pdf.
60. Sim (2009:142).
61. Dunbabin (2013).

The predictive validity of the LSI-R, the VRAG, and the PCL-R for prison misconduct among lifetime prisoners

Dr Ulrika Haggård, is based at Swedish National Board of Forensic Medicine and Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden. *Dr Åsa Eriksson* is based at the Department of Clinical Neuroscience, Division of Psychology, Karolinska Institutet, Stockholm, Sweden.

Background

During the last decade, there has been an increased concern of security-related issues in the Swedish prison system, including a focus on prison misconduct, in particular major misconduct such as violence. To facilitate allocation of resources, there is a need of risk assessment instruments to correctly identify offenders with the highest likelihood of committing major misconduct. The present study explores risk assessment instruments of prison misconduct in a total cohort of lifetime prisoners in Sweden.

Risk assessment instruments

There is no such thing as a perfect risk assessment instrument. Deciding which instrument to use is a balance of pros and cons in relation to the population, setting and purpose of the assessment.[1] Not surprisingly, there is consensus among researchers that risk assessment instruments should be high in predictive accuracy. Based on a meta-analysis, Singh and coworkers[2] concluded that the best predictive accuracy is acquired when the instrument is based on a population with similar demographic features as the

one of interest. Haggård-Grann[3] recommended that risk assessments in clinical settings, conducted with the purpose to facilitate risk management, should include dynamic and changeable risk factors. In his oft-cited article on the guidelines of the selection and use of risk assessment instruments, Bonta[4] recommended that risk assessment instruments should derive from relevant theory and include several areas of interest. There are also practical considerations such as the cost and ease of the instrument.[5] Campbell and coworkers[1] counselled researchers not to develop new scales but to validate the existing ones.

To current knowledge, there are only two instruments directly aimed at assessing the risk of prison misconduct. One is the RASP (Risk Assessment Scale for Prison)[6] including a version for long-term prisoners, the RASP-Cap, developed in a sample of 136 incarcerated capital murder offenders in Texas.[7] The second instrument is a hybrid assessment system, developed by Makarios and Latessa,[8] consisting of a reduced classification instrument, a case management screen, and a full case management instrument.

In lack of well known validated instruments to assess prison misconduct, general risk assessment instruments are commonly used. One such instrument is the VRAG (Violence Risk Appraisal Guide).[9] From a study of 473

1. Campbell, M. A., French, S. and Gendreau, P. (2009) The prediction of violence in adult offenders. A meta-analytic comparison of instruments and methods of assessment. *Criminal Justice and Behavior*, 36, 567–590.
2. Singh, J. P., Grann, M. and Fazel, S. (2011) A comparative study of violence risk assessment tools: A systematic review and meta-regression analysis of 68 studies involving 25,980 participants. *Clinical Psychology Review, 31*, 499–513.
3. Haggård-Grann, U. (2007) Assessing violence risk: A review and clinical recommendations. *Journal of Counseling and Development, 85*, 295–302.
4. Bonta, A. (2002) Offender risk assessment: Guidelines for selection and use. *Criminal Justice and Behavior, 29*, 355–379.
5. Kroner, D. G. and Mills, J. F. (2001) The accuracy of five risk appraisal instruments in prediction institutional misconduct and new convictions. *Criminal Justice and Behavior, 28*, 471–489.
6. Cunningham, M. D., Sorensen, J. R. and Reidy, T. J. (2005) An actuarial model for assessment of prison violence risk among maximum security inmates. *Assessment*, 12, 40–49.
7. Cunningham, M. D. and Sorensen, J. R. (2007) Predictive factors for violent misconduct in close custody. *The Prison Journal, 87*, 241–253.
8. Makarios, M. and Latessa, E. J. (2013) Developing a risk and needs assessment instrument for prison inmates. The issue of outcome. *Criminal Justice and Behavior, 40*, 1449–1471.
9. Quinsey, V. L., Harris, G. T., Rice, M. E. and Cormier, C. A. (1998) *Violent offenders: Appraising and managing risk*. Washington DC: American Psychological Association.

male and female inmates in Washington DC,[10] it was reported that the VRAG predicted misconduct among male but not among female inmates. In Swiss study,[11] VRAG was used to predict misconduct in a sample of 106 violent offenders and sex offenders. The results indicated that the VRAG predicted misconduct among the sex offenders only. Other risk assessment instruments reported in studies of the prediction of prison misconduct are the PPI (Psychopathic Personality Inventory),[12,13] the PICTS (The Psychological Inventory of Criminal Thinking Style),[14,15] and the PAI (The Personality Assessment Inventory).[16, 17]

There are also studies in which instruments are compared. In a meta-analysis of misconduct and reconviction comprising 88 studies, Campbell and colleagues[1] compared the predictive validity of the HCR-20 (Historical, Clinical, Risk-20),[18] the LSI-R (Level of Services Inventory-Revised),[19] the PCL-R (Psychopathy Checklist-Revised),[20] and the VRAG. The authors concluded that standardized instruments, based on statistically derived risk factors, had the best predictive validity for prison misconduct. Kroner and Mills[5] conducted a comparative study of five different instruments among 97 inmates in Ontario, Canada. The instruments were the LSI-R, the HCR-20, the PCL-R, the VRAG and the LCSF (Lifestyle Criminality Screening Form).[21] The results showed similar predictive validity for all of the instruments.

Lifetime prisoners

The literature on lifetime prisoners and prison misconduct is scarce. It could be expected that prisoners serving long-term sentences would cause more trouble in prison as compared to short-term sentenced inmates ('nothing to lose').[22] However, research does not support this assumption and even indicates that the reverse may be the case. Cunningham and Sorensen reported from of a study of inmates sentenced to life without parole ($n = 1897$) and long-term inmates serving at least 10 years ($n = 7147$) in Florida that the likelihood and pattern of prison misconduct were similar between subsamples.[22] Morris and colleagues[23] reviewed criminal files of capital inmates in Texas

> It could be expected that prisoners serving long-term sentences would cause more trouble in prison as compared to short-term sentenced inmates.

with sentences that differed in number of years before becoming eligible for parole (15 years, $n = 71$; 35-40 years, $n = 329$). The prisoners with longer sentences before parole were found to be less likely to engage in serious misconduct than those with shorter sentences before parole. Potential differences between long-term and short-term inmates that may have an impact on misconduct, e.g., older age, maturation, personality

10. Hastings, M. E., Krishnan, S., Tangney, J. P. and Stuewig, J. (2011) Predictive and incremental validity of the Violence Risk Appraisal Guide scores with male and female jail inmates. *Psychological Assessment, 23*, 174–183.
11. Endrass, J., Rossegger, A., Frischknecht, A., Noll, T. and Urbaniok, F. (2008) Using the Violence Risk Appraisal Guide (VRAG) to predict in-prison aggressive behaviour in a Swiss offender population. *International Journal of Offender Therapy and Comparative Criminology, 52*, 81–89.
12. Lilienfeld S. O. and Andrews, B. P. (1996) Development and preliminary validation of a self-report measure of psychopathic personality traits in noncriminal population. *Journal of Personality Assessment, 66*, 488–524.
13. Edens, J. F., Lilienfeld, S. O., Poythress, N. G., Patrick, C. J. and Test, A. (2008) Further evidence of the divergent correlates of the psychopathic personality inventory factors: Predictions of institutional misconduct among male prisoners. *Psychological Assessment, 20*, 86–91.
14. Walters, G. D. (1995) The Psychological Inventory of Criminal Thinking Styles: Part I. Reliability and preliminary validity. *Criminal Justice and Behavior, 27*, 307–325.
15. Walters, G. D. and Schlauch, C. (2008) The Psychological Inventory of Criminal Thinking Styles and Level of Service Inventory-Revised. *Law and Human Behavior, 32*, 454–462.
16. Morey, L. C. (1991) *Personality Assessment Inventory: Professional manual*. Odessa, FL: Psychological Assessment Resources.
17. Newberry, M. and Shuker, R. (2012) Personality assessment inventory (PAI) profiles of offenders and their relationship to institutional misconduct and risk of reconviction. *Journal of Personality Assessment, 94*, 586–592.
18. Webster, C. D., Eaves, D., Douglas, K. S. and Wintrup, A. (1995) The HCR-20 scheme: The assessment of dangerousness and risk. Vancouver, Canada: Simon Fraser University and British Columbia Forenic Psychiatric Services Commission.
19. Andrews, D. A. and Bonta, J. (1995) *Level of Service Inventory-Revised*. Toronto, Canada: Multi-Health Systems.
20. Hare, R. D. (2003) *The Hare Psychopathy Checklist — Revised. (2nd ed.): Manual*. Toronto, Canada: Multi-Health Systems.
21. Walters, G. D., White, T. W. and Denney, D. (1991) The Lifestyle Criminality Screening Form: Preliminary data. *Criminal Justice and Behaviour, 18,* 406–418.
22. Cunningham, M. D. and Sorensen, J. R. (2006) Nothing to lose? A comparative examination of prison misconduct rates among life-without-parole and other long-term high-security.
23. Morris, R. G., Longmire, D. R., Buffington-Vollum, J. and Vollum, S. (2010) Institutional misconduct and differential parole eligibility among capital inmates. *Criminal Justice and Behavior, 37*, 417–438.

change and a preference for solo but pro-social activities like reading, have been discussed among researchers.[24, 25] This is in line with reports from staff from lifetime prison wards in Sweden, pointing out that lifetime inmates are more likely to view the prison as their home in contrast to short-term inmates who rather see it as a temporary accommodation.[26]

The present study

The present study explores risk assessment of prison misconduct in a total cohort of lifetime prisoners in Sweden. Commonly used instruments for violence risk assessment of lifetime prisoners have until recently been the PCL-R, the HCR-20 and the VRAG, all of them validated over ten years ago in various Swedish settings PCL-R;[27, 28] VRAG;[29, 30] HCR-10.[29, 31, 32] The LSI-R has recently been translated into Swedish and is now used as a standard tool for risk assessments of lifetime prisoners applying for a fixed-term sentence.[33] It has not yet been validated in a Swedish setting.

Aim

The aim of the present study was to increase knowledge on risk assessment instruments of prison conduct among lifetime prisoners.

More specifically, in a total cohort of lifetime prisoners, sentenced between 1965 and 2007, the objective of the study was to examine the predictive validity of three commonly used risk assessment instruments, the LSI-R, the VRAG and the PCL-R, in the prediction of prison misconduct. A specific focus was devoted to the LSI-R, since the instrument has recently come into use in Sweden.

Method

Lifetime imprisonment in Sweden

The number of lifetime convictions in Sweden is low but has increased considerably during the past two decades. (1970–1989, $n = 59$; 1990–2009, $n = 119$.) [34, 35] In the year of 2014, the Swedish prison system held 144 lifetime prisoners.[36] In addition, the time served before release has been prolonged. During the 70s and 80s, petitions for mercy, made to the government, usually led to release from prison after seven years. However, practice changed and during the mid-90s incarcerations of lifetime prisoners usually lasted for 12–15 years. After changes in the Swedish legal system in 2006, applications of time-limited sentences are now made to the court and the shortest time possible to serve is 12 years. For those lifetime prisoners who have received court decisions between 2006 and 2012, the time of incarceration has varied from 12 to 30 years (detailed statistics not available).

Participants

All offenders convicted to lifetime imprisonment for murder or terrorism (leading to death) in Sweden between January 1965 and June 2007 were included into the study. Of those identified ($N = 248$), three individuals were excluded because of incomplete identification numbers and an additional three individuals were excluded because of missing criminal files. Hence, a total number of 242 lifetime prisoners were included into the study. At the time of the end of study (April 31st, 2009), 162 of the participants (66.9 per cent) were still serving their prison sentence while 55 participants (22.7 per cent) had been released from prison by petition for mercy or by

24. Manchak, S. M., Skeem, J. L. and Douglas, K. S. (2008) Utility of the Revised Level of Service Inventory (LSI-R) in predicting recidivism after long-term incarceration. *Law, Human and Behavior, 32*, 477–488.
25. Toch, H. (2010) 'I am not now who I used to be then'. Risk assessment and the maturation of long-term prison inmates. *The Prison Journal, 90*, 4–11.
26. Personal communication with staff at the Swedish Prison and Probation Service 2007-05-23.
27. Grann, M., Långström, N., Tengström, A. and Kullgren, G. (1999) Psychopathy (PCL-R) predicts violent recidivism among criminal offender with personality disorders in Sweden. *Law and Human Behavior, 23*, 205–217.
28. Långström, N. and Grann, M. (2002) Psychopathy and violent recidivism among young criminal offenders. *Acta Psychiatrica Scandinavica Supplement, 412*, 86–92.
29. Grann, M., Belfrage, H. and Tengström, A. (2000) Actuarial assessment of risk for violence: Predictive validity of the VRAG and the historical part of the HCR-20. *Criminal Justice and Behavior, 27*, 97–114.
30. Grann, M., Långström, N., Tengström, A. and Kullgren, G. (1999) Psychopathy (PCL-R) predicts violent recidivism among criminal offender with personality disorders in Sweden. *Law and Human Behavior, 23*, 205–217.
31. Belfrage, H., Fransson, R. and Strand, S. (2000) Prediction of violence using the HCR-20: a prospective study in two maximum-security correctional institutions. *The Journal of Forensic Psychiatry, 11*, 167–175.
32. Dernevik, M. (1998) Preliminary findings on reliability and validity of the historical-clinical-risk assessment in a forensic psychiatric setting. *Psychology, Crime and Law, 4*, 127–137.
33. National Board of Forensic Medicine. Website. http://www.rmv.se/index.php?id=213 Updated May 29, 2015. Accessed November 27, 2015.
34. Swedish Government Official Reports, SOU (2002). *Betänkande från Utredningen om frigivningsprövning av livstidsdömda* [Commission report on the probational release of lifetime offenders]. Justiedepartmentent (Swedish Ministry of Justice): 2002:26. Retrieved December 3, 2013, from http://www.regeringen.se/sb/d/136/a/482.
35. National Prison and Probation Services. Statistics of convictions to lifetime imprisonment l in Sweden 2003–2013, http://www.kriminalvarden.se/Statistik/Livstidsdomda/Statistik-over-livstidsdomda. Accessed April 16, 2013.
36. National Prison and Probation Services. Statistics of convictions to lifetime imprisonment in Sweden. http://www.kriminalvarden.se/forskning-och-statistik/statistik-och-fakta/kriminalvardens-pafoljder/#livstidsstraff. Accessed November 27, 2015.

a court decision. The remaining 25 participants (10.3 per cent) had either been transferred to their home countries to serve their sentences (*n* = 16, 6.6 per cent), were dead (*n* = 6, 2.5 per cent), had absconded (*n* = 2, 0.8 per cent) or had the sentence converted to forensic psychiatric care (*n* = 1, 0.4 per cent).

As shown in Table 1, almost all of the participants were male and in their mid thirties when committing the

Table 1. Demographic description of the total cohort of lifetime prisoners 1965 — 2007 (*N* = 242).	
Sex	
Male	236 (97.5 per cent)
Female	6 (2.5 per cent)
Nationality	
Swedish	121 (50.0 per cent)
Nordic (excluding Swedish)	34 (14.0 per cent)
European (excluding Nordic)	46 (19.0 per cent)
Others (excluding European)	41 (16.9 per cent)
Education/employment	
Number of completed school years	*M* = 9.7 (SD = 2.5)
Not completed compulsory school	64 (26.4 per cent)
Never employed for a full year	97 (40.1 per cent)
Offence history	
Age at index offence	*M* = 35.5 (SD = 9.5)
Index offence, number of victims	
One victim	218 (90.1 per cent)
More than one victim (range 2–7)	24 (9.9 per cent)
Prior convictions	
At least one prior conviction	173 (71.5 per cent)
Three or more convictions	124 (51.2 per cent)
At least one prior imprisonment	139 (57.4 per cent)
Mental health	
Alcohol misuse	112 (46.3 per cent)
Drug abuse	78 (32.2 per cent)
Personality disorder	135 (55.8 per cent)
Psychopathy (PCL-R ≥ 27)	48 (19.8 per cent)
Major mental disorder	17 (7.0 per cent)

index offence. Half of the participants were of Swedish origin. They had low educational levels and lacked work stability. More than half of the participants suffered from one or several mental health problems. One fifth of the participants had a PCL-R score of 27 or more (a recommended cut-off score for retrospective assessments of psychopathy based on files).[30, 37] Worth noting is that those participants convicted of more than one murder (*n* = 24, 9.9 per cent) had a median PCL-R score of 30.2. The vast majority of the participants had been subjects of correctional sanctioning prior to index offence.

Procedure

The study was conducted through retrospective risk assessments using data from the correctional records of the participants, conducted during July 2007 to December 2008. The raters were the first author and three research assistants all with long clinical experience from forensic psychiatry and authorized raters of the LSI-R and the PCL-R. The data used for the study included all information from the time of the index crime until a few months after the sentence, e.g., police reports, evaluations by the probation services, court hearings, initial assessments within the prison system and, in those cases available, forensic psychiatric evaluations (FPE). According to the Swedish legislation, the criminal court can refer the defendant to a forensic psychiatric evaluation (FPE) if it is suspected that the offence was committed under the influence of a severe mental disorder. A minor FPE is based on files and an interview by a forensic psychiatrist. A major FPE is usually made during four weeks of observations and interviews by a multidisciplinary forensic psychiatric team addressing medical, psychiatric, psychological and social aspects of the individual and the offence. Almost all of the participants, *n* = 234 (97 per cent) had undergone either a minor or a major FPE.

Risk assessment instruments

The risk assessment instruments used in the study were the LSI-R, the PCL-R and the VRAG. The Level of Service Inventory — Revised (LSI-R)[19] is a checklist based on the risk-need-responsivity model of correctional assessment and crime prevention.[38] It has been widely studied in offender populations[39] and has become commonly used as one of the standard instruments in the US.[24] The LSI-R comprises 54 items in 10 subscales: criminal history, education/employment, financial, family/marital, accommodation, leisure/recreation, companions, alcohol/drug problem, emotional/personal,

37. Dåderman, A. M. and Kristiansson, M. (2003) Degree of psychopathy: Implications for treatment in male juvenile delinquents. *International Journal of Law and Psychiatry, 26*, 301–315.
38. Andrews, D. V., Bonta, J. and Wormith, J. S. (2011) The Risk-Need-Responsivity (RNR) Model: Does adding the Good Lives Model contribute to effective crime prevention? *Criminal Justice and Behavior, 38*, 735–755.
39. Andrews, D. V. and Bonta, J. (2003) *The level of service inventory-revised U.S. norms manual supplement*. Toronto, Canada: Multi-Health Systems.

and attitudes/orientation. Two thirds of the items in the LSI-R are based on dynamic factors and are tightly correlated to potential treatment areas. The inter-rater reliability for trained raters suggests acceptable levels (*ICC*=0.80-0.96).[5, 19] A professional override is a part of the LSI approach.[38]

The Psychopathy Checklist — Revised (PCL-R)[20] was developed to assess the degree of psychopathic personality traits in an individual. Since psychopathy has been shown to be one of the strongest individual predictors of violence and violent recidivism among adults,[40, 41] it has been widely used for the assessment of future criminal acts.[42] The checklist consists of 20 items, each of them scored from 0 to 2. Factor analyses have yielded two-, three- and four-factor models.[20,43,44] Inter-rater agreement of the PCL-R shows ICC in the range 0.60[45] to 0.88.[20]

The Violence Risk Appraisal Guide (VRAG)[46] is an oft-used actuarial instrument aimed at the assessment of violence risk. [11, 47] The instrument is constructed so that no clinical training is required, except for the rating of psychopathy using the PCL-R. The instrument comprises 12 items. Each variable is weighted, with psychopathy having the greatest weight. All items are stable, i.e., they are not likely to change over time. The scores are added into a total score ranging from -26 to 38. Individuals are assigned to one of nine risk categories, ranging from 1 (lowest risk) to 9 (highest risk), according to their total score. The inter-rater reliability (ICC) for the VRAG has shown results in the high range 0.92,[48] even excellent ($r = 1.0$) when using risk categories.[49] However, it has been demonstrated that some variables show lower inter-rater reliability in studies based on retrospective and file-based information, namely childhood variables such as elementary school maladjustment and separation from parents.[50]

The rational not to use the HCR-20 in the study was based on its psychiatric focus and the difficulty to extract information from the correctional records on the clinical variables. To prevent any bias, all risk assessments were rated blind to outcome in terms of prison misconduct.

Measures of outcome

Information on prison misconduct was acquired from the correctional records. Two types of misconduct were recorded in the files: minor and major misconduct. Minor misconduct involved improper dressing, non-compliance with common rules, invalid absence from work and similar. The choice for the present study was not to include minor misconduct. Major misconduct comprised threat and assault towards staff/prisoners, possession of weapon, incitement of a riot, drug/alcohol use, refusal of urinalysis, and disobedience of a direct order. Major misconduct was coded into two categories, high frequency of misconduct and severe misconduct. High frequency of misconduct was defined as 10 or more incidents of major misconduct. Severe misconduct was defined as at least one incident of threat or violence. The follow-up time within the prison period differed between participants (*M* = 94.0 months, *SD* = 79.4, range 1 — 348).

Statistical analyses

The inter-rater agreement and concurrent validity

The inter-rater agreement between the four raters was calculated through the two-way mixed Analysis of Variance (ANOVA), absolute agreement random model type Intra Class Correlation (ICC), for the continuous variables[51] in a random subsample (*n*=22) (Table 2). Pearson correlation coefficients, *r*, were reported for the purpose of establishing

40. Salekin, R. T., Rogers, R. and Sewill, K. W. (1996) A review and meta-analysis of the Psychopathy Checklist and Psychopathy Checklist — Revised: Predictive validity of dangerousness. *Clinical Psychology: Science and Practice, 3*, 203–215.

41. Steadman, H. J., Silver, E., Monahan, J., Appelbaum, P. S., Robbins, P. C., Mulvey, E. P., et al. (2000) A classification tree approach to the development of actuarial violence risk assessment tools. *Law and Human Behavior, 24*, 83–100.

42. Archer, R. P., Buffington-Vollum, J. K., Stredny, V. R. and Handel, R. W. (2006) A survey of psychological test use patterns among forensic psychologists. *Journal of Personality Assessment, 87*, 84–94.

43. Cooke, D. J. and Michie, C. (2001) Refining the construct of psychopathy: Towards a hierarchical model. *Psychological Assessment, 13*, 171–188.

44. Hare, R. D. (1991) *The Hare Psychopathy Checklist — Revised: Manual*. Toronto, Canada: Multi-Health Systems.

45. Miller, C. S., Kimonis, E. R., Otto, R. K., Kline, S. M. and Wasserman, A. L. (2012) Reliability of risk assessment measures used in sexually violent predator proceedings. *Psychological Assessment, 24*, 944–953.

46. Harris, G. T., Rice, M. E. and Quinsey, V. L. (1993) Violent recidivism of mentally disordered offenders: The development of a statistical prediction instrument. *Criminal Justice and Behavior, 20*, 315–335.

47. Harris, G. T., Rice, M. E. and Cormier, C. A. (2002) Prospective replication of the Violence Appraisal Guide in predicting violent recidivism among forensic patients. *Law and Human Behavior, 26*, 377–394.

48. Douglas, K. S., Yeomans, M. and Boer, D. P. (2005) Comparative validity analysis of multiple measures of violence risk in a sample of criminal offenders. *Criminal Justice and Behavior, 32*, 479–510.

49. Lofthouse, R. E., Lindsay, W. R., Totsika, V., Hastings, R. P., Boer, D. P. and Haaven, J. L. (2013) Prospective dynamic assessment of risk of sexual reoffending in individuals with an intellectual disability and a history of sexual offending behaviour. *Journal of Applied Research in Intellectual Disabilities, 26*, 394–403.

50. Långström, N., Grann, M., Tengström, A., Lindholm, N., Woodhouse, A. and Kullgren, G. (1999) Extracting data in file-based forensic psychiatric research: Some methodological considerations. *Nordic Journal of Psychiatry, 53*, 61–67.

51. Dunn, G. and Everitt, B. S. (2004) *An Introduction to Mathematical Taxonomy*. Courier Dover Publications.

concurrent validity between the risk assessment instruments. To briefly explain the analysis methods, an ANOVA test is used to test differences between means when there are more than two groups involved in the analysis. ICC measures the level of inter-rater agreement. Pearson correlation coefficients, finally, shows the degree of relationship between two variables.

Predictive validity

Receiver Operating Characteristics (ROC)[52] was used to analyse the predictive validity of the risk assessment instruments. ROC is commonly viewed as being fairly stable and independent of base rates and selection ratios when compared to other prediction methods.[53] A ROC curve can be used to explore how the specificity is affected as the sensitivity increases with the area under the curve (AUC) as an estimate of the overall accuracy of a certain measure for the prediction of a dichotomous outcome. An AUC value of .50 means no accuracy and 1.0 means perfect accuracy.[52] There are no fixed interpretations of the AUC estimates[54] but an area of .75 and above has been suggested as 'large',[55] although this has been criticised of being overly optimistically interpreted.[56]

All statistical analyses were performed using the statistical software package SPSS version 19.0.

Results

Incidents of misconduct

One third of the participants (*n* = 77, 32 per cent) had been reported for 10 or more incidents of major misconduct at the time of release or at the end of the study, whichever was first. Four out of ten of the participants (*n* = 100; 41 per cent) had been reported for a least one threat and one third of them (*n* = 82; 34 per cent) had been reported for at least one incident of violence. Almost half of the participants (*n* = 111; 46 per cent) had been reported for either.

Descriptive statistics of the risk assessment instruments

As shown in Table 2, the retrospective ratings of the participants with the LSI-R, the PCL-R, and the VRAG and showed a large variation among participants from very low to very high risk of misconduct. The inter-rater reliability between the raters indicated that the reliability was highest for the LSI-R (0.93) and lowest for the VRAG (0.66) (see Table 2). The LSI subscales of family/marriage and emotional/personal had the lowest inter-rater reliability scores among the LSI subscales. As expected, the inter-rater agreement was lower for Factor 1 of the PCL-R as compared to Factor 2.

Table 2. Descriptive statistics and inter-rater agreement of the risk assessment instruments LSI-R, PCL-R and VRAG.			
	LSI-R	**PCL-R**	**VRAG**
N	240	241	240
M (range)	23.4 (2-46)	17.1 (0-37)	0.13 (-22-34)
SD	11.7	9.7	12.0
Inter-rater reliability	**Total** .93 (.05 — .98)	**Total** .80 (0.34 — 0.93)	.66 (-.02 — .87)
(*n* = 22) ICC (95 per centCI)	Criminal history .94 (.87 — .98)	Factor 1 .64 (.16 — .85)	
	Education/Employment .79 (.45 — .92)	Factor 2 .85 (.64 — .94)	
	Financial .82 (.25 — .94)		
	Family/Marital .23 (-.73 — .67)		
	Accommodation .88 (.71 — .95)		
	Leisure/Recreation .90 (.77 — .96)		
	Companions .77 (.44 — .90)		
	Alcohol/Drug problem .90 (.75 — .96)		
	Emotional/Personal .14 (-.63 — .60)		
	Attitudes/Orientation .76 (.44 — .90)		
per cent Complete cases	99.2	99.6	99.2

52. Hanley, J. A. and McNeil, B. J. (1982) The meaning and use of the area under a receiver operating characteristic (ROC) curve. *Radiology, 143*, 29–36.
53. Singh, J. P., Desmarais, S. L. and van Dorn, R. A. (2013) Measurement of predictive validity in violence risk assessment studies: A second-order systematic review. *Behavioral Sciences and the Law, 31*, 55–73.
54. Andrews, D.V., Bonta, J., Wormith, J. S., Guzzo, L., Brews, A., Rettiger, J., et al. (2011) Sources of variability in estimates of predictive validity: A specification with Level of Service general risk and need. *Criminal Justice and Behavior, 28*, 413–4.
55. Dolan, M and Doyle, M. (2000) Violence risk prediction: Clinical an actuarial measures and the role of the Psychopathy Checklist. *British Journal of Psychiatry, 177*, 303–311.
56. Sjöstedt, G. and Grann, M. (2002) Risk assessment: What is being predicted by actuarial prediction instruments? *International Journal of Forensic Mental Health, 1*, 179–183.

Pearson correlations showed positive and significant (*p* <0.01, two-tailed) correlations between all instruments (PCL-R — LSI-R, *r* = 0.69; PCL-R — VRAG, *r* = 0.79; LSI-R — VRAG, *r* = 0.75). Subanalyses of the two-factor model of the PCL-R displayed smaller correlations between PCL-R Factor 1 and the other two instruments as compared to PCL-R Factor 2 and the two instruments (PCL-R Factor 1 — LSI-R, *r* = 0.38; PCL-R Factor 2 — LSI-R, *r* = 0.77; PCL-R Factor 1 — VRAG, *r* = 0.51; PCL-R Factor 2 — VRAG, *r* = 0.81).

The predictive validity of the instruments

As shown in Table 3, the predictive validity of the three instruments was very similar. All three instruments, LSI-R, PCL-R, and the VRAG made slightly better predictions of high frequency of misconduct (.71; .70; .70, respectively) as compared to the predictions of severe misconduct (.65; .69; .67, respectively). An unexpected finding was that the LSI-R subscale of attitude/orientation, consisting of items on attitudes to criminality, reflections upon the harm inflicted to possible victims, and orientation towards a conventional life, was the single best predictor of both high frequency of misconduct and severe misconduct. The least accurate LSI-R subscales in their predictions of prison misconduct were family/marriage and emotional/personal.

Table 3. The predictive validity of the LSI-R, PCL-R and VRAG on high frequency of misconduct and severe misconduct during imprisonment.

Instrument	High frequency of misconduct (≥10) AUC of ROC (95 per centCI)	Severe misconduct (threat and violence) AUC of ROC (95 per centCI)
LSI-R (total)	.71 (.64 — .78)	.65 (.58 — .72)
Criminal History	.68 (.61 — .76)	.61 (.54 — .69)
Education/Employment	.65 (.57 — .72)	.65 (.57 — .72)
Finances	.63 (.55 — .70)	.54 (.46 — .61)
Family/Marriage	.48 (.40 — .56)	.55 (.47 — .62)
Accommodations	.58 (.50 — .66)	.58 (.50 — .65)
Leisure/Recreation	.61 (.53 — .69)	.61 (.54 — .69)
Companions	.70 (.62 — .77)	.66 (.59 — .73)
Alcohol/Drugs	.70 (.62 — .77)	.58 (.50 — .65)
Emotional/Personal	.51 (.43 — .59)	.51 (.43 — .58)
Attitude/Orientation	.76 (.69 — .82)	.72 (.66 — .79)
PCL-R Total	.70 (.63 — .77)	.69 (.62 — .76)
Factor 1	.61 (.54 — .69)	.66 (.58 — .73)
Factor 2	.71 (.64 — .78)	.66 (.59 — .73)
VRAG	.70 (.63 — .77)	.67 (.60 — .74)

Note. LSI-R=Level of service Inventory-Revised; PCL-R=Psychopathy Checklist-Revised; VRAG=Violence Risk Appraisal Guide.

AUC of ROC=Area under the curve of the receiver operating characteristics.

Discussion

Violence risk assessment is an important aspect of decision making within the correctional service. The results of the present study showed that major prison misconduct was fairly common among lifetime prisoners in Sweden. One third of the participants had been reported for 10 or more incidents of major misconduct and four out of ten of the participants had been reported for either a threat or an incident of violence. The large proportion of lifetime prisoners involved in prison misconduct is similar to results from studies on lifetime prisoners in the US.[22, 23]

The main finding of the study was that the three risk assessment instruments used in the study were similar as to their predictive accuracy. The predictive validity of high-frequency misconduct was moderately successful, but decreased with severe misconduct as the outcome measure. When interpreting the results it is important to keep in mind the basis of predictive research findings. The AUC of ROC in our setting reflects the likelihood that the risk score of a randomly chosen misconducting prisoner is higher than that of a randomly chosen non-misconducting prisoner. The results are not unexpected, given that the content of the instruments overlap to some extent. As an example, all three instruments include items on criminal history and personality related variables. The VRAG and the PCL-R have a similar item on early-onset behavioural problems, and the VRAG and the LSI-R share an item on substance misuse.

A note of caution should be introduced. While an AUC of .70 may seem impressive, it is a statistical measure based on the analyses of group data. Predictions of the probability that a proportion of individuals from a group may show certain behaviors are difficult, but not impossible to make, and the larger the group, the more accurate the prediction. Once the prediction is to be made for one single individual, the uncertainty of the prediction increases substantially. This has been extensively discussed within the scientific literature,[57, 58] and will not be further elaborated here.

With this note of caution and with the similar predictive accuracy of the risk assessment instruments explored in the current study, there may be further considerations to make when choosing a risk assessment instrument for lifetime prisoners. One such consideration may include the possibility of using the risk assessment as a guide for treatment and risk management. A lifetime sentence offers sufficient time to undergo interventions targeting the individual's criminogenic needs. This would require a theory-based instrument with a broad focus, including dynamic and changeable factors, such as the

57. Hart, S. D., Michie, C. and Cooke, D. J. (2007). Precision of actuarial risk assessment instruments. Evaluation the 'margins of error' of group v. individual predictions of violence. *British Journal of Psychiatry, 190*, 60–65.
58. Hanson, R. K. and Howard, P. D. (2010). Individual confidence intervals do not inform decision-makers about the accuracy of risk assessment evaluations. *Law and Human Behavior, 34*, 275–281.

LSI-R. It has been argued that dynamic risk factors are more relevant for longer-term predictions of misconduct than they are for shorter-term predictions.[1] The VRAG includes a diverse set of risk factors, but they are unchangeable and thus give little guidance for the practitioner on how to lower the risk. The PCL-R, on the other hand, includes a number of dynamic risk factors, but has, in contrast to the other two instruments, a narrow focus on personality traits.

We have proposed that the LSI-R may be a valid instrument not only for risk assessment but also as a starting point for risk management and treatment. Interestingly, treatment to reduce prison misconduct may also have effects on recidivism after release. In a meta-analysis by French and Gendreau[59] it was concluded that prison-based behavioural programs produce large reductions in misconduct that may carry over into reductions in recidivism in the community.

Strengths and limitations

The participants of our study constituted a total national cohort of lifetime prisoners, sentenced during a time period of more than 40 years. They were retrospectively assessed with well-validated risk assessment instruments. The information used was generally of high quality. The minor and major forensic psychiatric evaluations and the evaluations by the probation services are standardized and detailed. The raters of the study were forensic psychiatric social workers with long clinical experience from forensic psychiatry. Although the number of participants was limited, we could compare the predictive validity of the instruments (with fairly robust results), based on the high rates of outcome.

There were also some limitations. The quality of the information acquired from retrospective ratings of archive information may be questioned. Even though retrospective and file based assessments with different risk instrument have been proven to be useful for data extraction,[60] some items in the risk assessment instruments may not be possible to assess due to poor information quality.[50]

There may also be limitations related to the inter-rater reliability. The higher agreement for the LSI-R may be due to the more recent training provided to the raters. On the other hand, lower inter-rater agreements for the PCL-R, specifically, have been reported elsewhere,[45, 61] and can probably be explained by the fact

that the rater need to make inferences regarding behavioural styles and personality characteristics. Additionally, it is important to remember that the differences in inter-rater reliability may further affect the validity of the instruments. For example, in this study we found that the two subcomponents in LSI-R showing the lowest inter-rater scores also had the lowest predictive validity. It is possible that the predictive validity of the VRAG would increase with higher inter-rater reliability. A problem with low reliability for PCL-R Factor 1 scores with retrospective file-based information has also been discussed.[50] The ROC statistics cannot compensate for low reliability of individual items.[62] To reduce problems with low inter-rater reliability due to poor quality of information, future studies within the Swedish Prison and Probation Services should preferably be prospective in their design.

A specific limitation refers to the areas of interest of the instruments used. LSI-R, VRAG and PCL-R are all developed with the individual prisoner at focus, thus ignoring the potential influence of the structural features of the institution such as social density, the existence of prison gangs, inmate-to-officer ratios, and security levels, factors that may also contribute to prison misconduct.[63, 64]

Caution is also warranted when considering the generalisability of these findings. The targeted population is a highly selective and a relatively small offender group.

Conclusions

This study was the first to investigate prison misconduct among lifetime prisoners in Sweden and also the first to validate the LSI-R, the VRAG and the PCL-R in the prediction of prison misconduct. The predictive validity between the risk assessment instruments was found to be similar. We therefore argue that additional aspects of the instruments should be considered. Such an aspect is a high inter-rater agreement. Another aspect is that the instrument should include dynamic and changeable factors. Finally, an important aspect is that the instrument should include guidelines to treatment and risk management. We strongly suggest that all of those factors should be considered in the choice of risk assessment instruments in prisons and other settings. From the results of the current study we advocate the use of LSI-R in the prediction of prison misconduct among lifetime prisoners in Sweden.

59. French, S. A. and Gendreau, P. (2006) Reducing prison misconducts. *Criminal Justice and Behavior, 33*, 185–218.
60. Grann, M., Långström, N., Tengström, A. and Stålenheim, E. G. (1998) The reliability of file-based retrospective rating of psychopathy with the PCL-R. *Journal of Personality Assessment, 70*, 416–426.
61. Edens, J. F., Boccaccini, M. T. and Johnson, D. W. (2010) Inter-rater reliability of the PCL-R total and factor scores among psychopathic sex offenders: Are personality features more prone too disagreement than behavioural features? *Behavioral Sciences and the Law, 28*, 106–119.
62. Harris, G. T. and Rice, M. E. (2003) Actuarial assessment of risk among sex offenders. *Annuals of the New York Academy of Sciences, 989*, 198–210.
63. Arbach-Lucioni, K., Martinez-García, M., and Andrés-Puejo, A. (2012) Risk factors for violent behaviour in prison inmates: A cross-cultural contribution. *Criminal Justice and Behavior, 39*, 1219–1239.
64. Griffin, M. L. and Hepburn, J. R. (2013) Inmate misconduct and the institutional capacity for control. *Criminal Justice and Behavior, 40*, 270–288.

Humanising Incarceration

A Prison Chaplain's Pastoral Response to 'A Rising Toll of Despair'

The Reverend David Kirk Beedon Anglican Chaplain at HM Prison Ranby and fourth-year student on the Doctorate in Practical Theology Programme at the University of Birmingham.

Introduction

This article reflects upon the state of prisons in England and Wales which led to the Prisons and Probation Ombudsman entitling his 2014 Annual Report 'A Rising Toll of Despair'. A Chaplain considers the cost, in human terms, of incarceration in its current form. The factors that contribute to this 'rising toll' are explored, touching upon the role public opinion and political policy play; the institutional issues at prison level; and focusing, in a practical way, on the importance of 'custodial compassion' to foster human flourishing.

The Prisons and Probation Ombudsman's (PPO) annual report for 2013–14 was entitled 'A Rising Toll of Despair'. This article offers a humanitarian response, not to the report, but to the circumstances that led to such a bleak appraisal of the conditions of incarceration in England and Wales in 2013–14, many of which still abide.[1] My reflections are as a researching professional, embedded within that context, with a duty to offer pastoral care to those in custody, as well as their custodians. I concur with the PPO's appraisal, and the pastoral practice I will promote as an antidote to the human despair highlighted by the PPO is 'custodial compassion'. Although I write as a prison chaplain, this practice is relevant to all those who seek to serve in ways that foster human flourishing behind bars.

A Seedbed of Despair

My concern is an anthropological one: What is it to be human behind bars, and what is derived from that which can help address the 'rising toll of despair' humanely. A complex overarching issue that drains human hope from the penal system and provides a socially constructed seedbed for human despair is the prevailing punitive public discourse. England incarcerates a disproportionate number of its citizens compared to other similar nations among its neighbours of both northern and western Europe.[2] The theologian Timothy Gorringe has likened this attitude to Biblical scapegoating.[3] If prisons serve a similar but sociological function – banishing social deviancy and the carriers of it to the margins of society – what is the effect upon the humanity of those described and treated in such a way?

This is further compounded by a wilful blindness to the social deprivations that have impacted on many prisoners pre-custody.[4] Social conditions are the greatest determinants of a journey towards incarceration.[5] There is always a personal choice element in crime, but the odds are stacked against those who are 'largely the neglected children of the urban wastelands'.[6] Ex-offenders need 'social capital (opportunities)' as well as 'human capital (motivations and capacities)' to be rehabilitated.[7] With a few exceptions, this is not the view propagated loudest in public opinion or political policy.

The institutional 'coalface' of prison life is where these despair-inducing social factors are magnified. This is where the flesh and blood of incarcerated humanity is distressed to the level deplored by the PPO.

1. PPO (2014) Annual Report 2013–2014. Available at: http://www.ppo.gov.uk; Prison Reform Trust (Autumn 2015) Bromley Briefings Prison Factfile. Available at: http://www.prisonreformtrust.org.uk.
2. International Centre for Prison Studies (2013) World Prison Population List. University of Essex. Available at: http://www.prisonstudies.org/sites/prisonstudies.org/files /resources /downloads/wppl_10.pdf.
3. Gorringe, T. (2002) The Prisoner as Scapegoat: Some Skeptical Remarks on Present Penal Policy. *Journal of Offender Rehabilitation* 35 (3):243–251; Gorringe, T. (2004) *Crime: Changing Society and the Churches*. London: SPCK.
4. Bennett, J. (2012) Prisoner Backgrounds and Biographies, in B. Crewe and J. Bennett (eds.) The Prisoner, 1–12. London: Routledge; Scott, D. and Helen C. (2010) *Controversial Issues in Prisons*. Maidenhead: Open University Press.
5. Hudson, B. (1987) *Justice through Punishment: A Critique of the Justice Model of Corrections*. Basingstoke: Macmillan Education, 93–129.
6. Stern, V. (1998) *A Sin against the Future: Imprisonment in the World*. London: Penguin, 171.
7. McNeill, F. (2006) A Desistance Paradigm for Offender Management, *Criminology and Criminal Justice* 6(1):39–62, 55.

A Hotbed of Frustration

The detrimental effects (to incarcerated humanity) of public discourse is compounded by recent internal changes that have impacted upon the institutional level of incarceration. A key element in the delivery of the Prison Service's 'New Way of Working' was 'a smaller staff group'.[8] Whilst the PPO suggests in his report that direct links between this dramatic re-structuring and 'a rising toll of despair' are anecdotal, they cannot be ignored as a contributory factor.[9] Her Majesty's Chief Inspector of Prisons (HMCIP) was less ambiguous and claims that under-resourcing, in conjunction with overcrowding and policy pressures, led to 'the rapid deterioration in safety and other outcomes' his department reported.[10]

Although significant, I argue that staffing levels are not wholly to blame. The way in which prison resources are organised and managed also contributes. The nature of relational interactions that foster human flourishing are also key. Developments in the 'New Way of Working' – such as 'Every Contact Matters' and 'the Five Minute Intervention' – could make positive contributions to the humanising of incarceration.[11] This article demonstrates why every human contact should matter, not just as a convenient managerial sound bite.

Managerialism

Prisons do need to be proactively managed for security and can ill afford chaos or dis-organisation. It is the *way* organisations are managed that raises problems. Prison leaders and managers are attempting to do the impossible and 'balance competing priorities in the light of a proliferation of objectives and tasks which go way beyond [their] functional and financial capacity to deliver'.[12] The prime issue for the purposes of this article is not one of personnel (the type of people in managerial roles) but the way they are being required to manage – it is a systemic issue.

The Francis Report into patient deaths at the Mid-Staffordshire Hospital highlighted how its organisational culture 'focused on doing the system's business – not that of the patients'.[13] There are implications from this for HMPS.[14] A main concern in the context of a 'rising toll of despair' is that the drive towards greater value for money in prisons can – like Mid-Staffs Hospital – lead to an obsessive institutionalised compulsion to be 'doing the *system's* business'.[15] Without close attention, 'efficiency' quickly loses sight of the duty of care that should imply a deeper regard for the humanity of those who are incarcerated. A judgement of the PPO, following the self-inflicted death of a prisoner through hanging, was that 'it appeared that [staff] were just going through the motions of the procedures'.[16]

Addressing human need is more complex than merely requiring the better application of managerialist solutions. Over-reliance on managerialism's instrumental-rationality, and its obsession with targets and statistics, can impersonally mask a dehumanising organisational culture where harmful actions are legitimised as 'just doing my job'.[17] The PPO's criticism of staff 'going through the motions' regarding the safe-guarding procedures displays a worrying degree of 'dispassionate compliance'.[18]

> Without close attention, 'efficiency' quickly loses sight of the duty of care that should imply a deeper regard for the humanity of those who are incarcerated.

8.   NOMS (2013) Our New Way of Working. Available at: https://www.justice.gov.uk /downloads/about/noms/our-new-way-maps.pdf.
9.   See n.1, 7.
10. HMCIP (2014) Annual Report 2013–2014. Available at: https://www.justiceinspectorates.gov.uk /hmiprisons.
11. Mulholland, I. (2014) Contraction in an Age of Expansion: An Operational Perspective, *Prison Service Journal* (January 2014 No 211):14–18, 16.
12. Bryans, S. (2008). Prison Governors : New Public Managers?, in J. Bennett, B. Crewe and A. Wahidin (eds) *Understanding Prison Staff*, 213–230. Cullompton: Willan, 224.
13. Francis, R. (2013) Report of the Mid Staffordshire N.H.S. Foundation Trust Public Inquiry (Executive Summary). Available at: https://www.gov.uk/government/uploads /system/uploads/attachment_data/file/279124/0947.pdf.
14. Hardwick, N. (2014) Lessons for the Prison Service from the Mid-Staffs Enquiry, *Prison Service Journal* January 2014 (211):3–13.
15. See n.14, 4 (My emphasis).
16. See n.1, 20.
17. Liebling, A. and Maruna, S. (2005) *The Effects of Imprisonment*. Cullompton: Willan, 7.
18. See n.1, 20; Liebling, A. and Crewe, B. (2013) Prisons Beyond the New Penology: The Shifting Moral Foundations of Prison Management, in J. Simon and R. Sparks (eds.) The Sage Handbook of Punishment and Society, 283–308. London: SAGE, 300.

Like most employees, vocational motivation and commitment will vary across the uniformed prison workforce. Many are constantly mitigating the institutional factors that are detrimental to human flourishing, in addition to carrying out their everyday duty of dealing with the troubled and the troubling in their charge. The cost of this double burden of care can be high, leading to cynicism and denial as coping mechanisms. If unchecked, these can be corrosive of a humane disposition.[19] The 'humanising of incarceration' necessary to address the 'rising toll of despair' must include support for staff and the psychological and emotional loads they carry. The introduction of the NOMS *Help Employee Assistance Programme* is welcome in this regard.[20] Caring for the custodians as well as the cared-for is necessary if box-ticking 'dispassionate compliance' is to be transformed into humane 'custodial compassion'.

What is 'Humanity'?

An initial motivation for my current research was a concern about the prevalence of references to 'humanity' in official statements and documents that largely failed to provide much substance to the concept. If the 'rising toll of despair' is to be addressed, 'humanity' needs to be transformed from vague institutional aspirations to a real, embedded, daily praxis.

In Search of 'Humanity'

According to the United Nations' *Standard Minimum Rules for the Treatment of Prisoners* (UNSMRTP) those in custody are to be treated with 'humanity'. A similar aspiration to 'look after [prisoners] with humanity'[21] is expressed in Her Majesty's Prison Service's (HMPS) Statement of Purpose, as adopted in 1988.[22] Simple, uncontested, definitions of 'humanity' are, however, hard to come by and some commentators question whether

the notion is too complex and subjective to have general practical application.[23]

'Humanity' is an asymmetric term. It is easier to identify its opposite (inhumanity) than define it.[24] Much valuable work is already being carried out to give substance to the notion.[25] Theology does not offer any superior insight into the human condition to those that might be found elsewhere. However, given its complexity, the more epistemological angles we approach the human condition from, the better placed we are to improve it (or, less ambitiously, to minimise the unintended detrimental consequences of our best intentions). Theology offers another angle to approach 'being human' because 'theologians 'know' differently', not better.[26]

Anthropological Correlations

The Christian tradition, from which I write, has wrestled for two millennia with what it means to be human, a question of anthropology. The wisdom that has been distilled has been hard won and not always practised to the benefit of humankind. The tradition has deeply influenced prevailing understandings of human nature. Because this tradition is not homogenous, the model of humanity I offer is unavoidably selective. It provides enough correlation with contemporary humanistic aspirations found in the UNSMRTP and the *Seven Pathways of Resettlement* (SPR) to be the basis for a critical conversation around factors in incarceration that raise levels of human despair to those deplored by the PPO's report.

The view of humanity represented in the UNSMRTP and SPR demonstrate a holistic perspective regarding human needs. This can map easily across to a Christian anthropology derived from the teaching of Jesus as recorded in the Gospel of Luke. In one passage Jesus is asked by a religious lawyer how he must live his life so as to receive a heavenly reward. Jesus' reply incorporates wisdom from his own (Jewish) scriptures: 'You shall love

> Theology does not offer any superior insight into the human condition to those that might be found elsewhere.

19. Scott, D. (2008) Creating Ghost in the Penal Machine: Prison Officer Occupational Morality and the Techniques of Denial, see n.12,168–186.
20. NOMS (2015) Help: Employee Assistance. Available at: http://www.employeeassistance.org.uk.
21. United Nations. 1955. Standard Minimum Rules for the Treatment of Prisoners. Available at: http://www.refworld.org/docid/3ae6b36e8.html.
22. Coyle, A. (2003) Humanity in Prison: Questions of Definition and Audit. London: International Centre for Prison Studies, 10.
23. See n.22, 5.
24. Liebling, A. assisted by Arnold, H. (2005) *Prisons and Their Moral Performance: A Study of Values, Quality, and Prison Life, Clarendon Studies in Criminology*. Oxford: Oxford University Press, 205.
25. See works cited in notes 18, 22, 24; Coyle, A. (2002) *A Human Rights Approach to Prison Management: Handbook for Prison Staff*. London: International Centre for Prison Studies.
26. Pattison, S. (2007) *The Challenge of Practical Theology: Selected Essays*. London: Jessica Kingsley, 201.

the Lord your God with all your *heart*, and with all your *soul*, and with all your *strength*, and with all your *mind*; and your neighbour as yourself'.[27] Jesus' response offers a holistic model of humanity. It captures the four constituent and interrelated elements of human nature as defined in the Judaeo-Christian tradition: Heart (Emotional/Relational), Soul (Spiritual/Creative), Strength (Physical/Material) and Mind (Intellectual/Psychological).

Whilst my theological premises will not be shared by all readers, the human nature I have described is probably not alien. This is unsurprising given the cultural and historical influences that Christian understandings of humanity have had on British society and its institutions. Whilst upholding the importance of a holistic anthropology for human flourishing, it is in the emotional/relational element that the most hope lies as an antidote to the human despair that has grown to worrying proportions in prison.

Acting Compassionately, Being Human

Deep Relating

In the Prison Chapel where I work is hung a copy of Rembrandt's 'The Return of the Prodigal Son' (1661–1669). The Parable of the Prodigal Son[28] is a story to which prisoners readily relate. Depicting God's unconditional love, it tells of a wayward son who squanders his inheritance and eventually finds himself in a place of hardship. It is when he is 'down on his uppers' that he comes to his senses and turns homeward, not knowing what reception he will receive from his father (whom he has offended by his actions).

The story's promise of rehabilitation, following reckless and selfish behaviour, resonates with many prisoners' life narratives. It is a story that evokes a sense of deep compassion. The Greek word in the story which is translated 'compassion', taken literally, refers to a disturbance of the bowels! The bowels at the time were believed to be centre of the emotions. Care, as compassion, is a form of relationality that moves a carer deeply.

> … it is in the emotional/relational element that the most hope lies as an antidote to the human despair that has grown to worrying proportions in prison.

Compassion is a word easily deployed. Yet it is 'actually a highly contested and ambiguous concept which can chase after real content and meaning'.[29] This makes it problematic in the context of incarceration when custody (and its privations) is frequently regarded as 'just deserts' of the crime committed. This is ill-conceived, for two reasons. Firstly, prisoners 'come to prison as a punishment, not for punishment'.[30] Secondly, 'just deserts' theory disadvantages those marginalized in society, taking 'no account of structural or economic factors such as poverty' in criminality.[31] 'Just deserts' is a far cry from the deep compassion felt by the father of the prodigal son (even though the son was undeserving of such regard).

Custodial Compassion

'Custodial compassion' will sound strange to many ears but '[it] is perfectly consistent to treat a criminal…as fully responsible for his crimes, and yet to acknowledge with compassion the fact that he has suffered misfortunes that no child should have to bear'.[32] This disposition is already embodied in the best practice of those staff that relate to prisoners with custodial clarity whilst maintaining a caring regard for the human brokenness of those for whom they have a duty of care to keep safe, secure and decent.

Compassion may seem well suited to a healthcare ('softer') context but awkward in a penal ('harder') environment. This is where the usual separation of 'thought' ('hard' – as in 'hard facts') from 'emotion' ('soft' – as in 'soft-hearted') – whereby the latter is considered 'irrational' – needs to be reconsidered. The field of neuroscience has offered the possibility of moving beyond the rather crude but popular model of 'left brain' (logic) and 'right brain' (feelings/creativity) for human cognition. Work in the field has shown that the relationship between these two cognitive modes are much more integrated and co-dependent for wise (ethical) decision-making than was

27. Luke 10:27–28 Cf. Deut. 6:5 and Lev. 19:18. (my emphasis).
28. Luke 15:11–32.
29. Pattison, S. (2015) "Ceeing [*sic*] Compassion." *Unpublished Manuscript (February 2015)*.
30. Paterson, A. (1951) *Paterson on Prisons: Being the Collected Papers of Sir Alexander Paterson*. London: Frederick Muller.
31. Barton, A. (2005) Just Deserts Theory, in M. Bosworth (ed.) *Encyclopaedia of Prisons and Correctional Facilities*, Oxford: SAGE, 3; Hudson, B. (1987) *Justice through Punishment: A Critique of the Justice Model of Corrections*. Basingstoke: Macmillan Education, 93–129.
32. Nussbaum, M. (2001) *Upheavals of Thought: The Intelligence of Emotions* Cambridge: Cambridge University Press, 414; also Haney, C. (2005). The Contextual Revolution in Psychology and the Question of Prison Effects in A. Liebling and S. Maruna (eds.) *The Effects of Imprisonment*, 66–93, 87. Cullompton: Willan.

once imagined.[33] 'Compassionate custody' can be a form of ethical 'compassion within the limits of reason', a relational coming together of heart and mind.[34] Ratio-centric organisational systems and structures will always be places that easily foster human despair, unless they allow for and systematically embody compassion – care as well as control.

'I see you!'

In African cultures there is a concept known as *ubuntu*.[35] *Ubuntu* means 'humanity' and expresses the belief that 'our humanity is bound up with the humanity of others' – I cannot become fully who I am outside my interdependent relationships with others, and their diminishment is mine as well.[36] Conceptually related to *ubuntu* is *sawu bona*. It is an African greeting which literally means 'We see you'.[37] It conveys a form of seeing that goes beyond stereotypes and recognises the sharing of a common humanity. This is achieved by both the giver of the greeting, and the one greeted, being truly (relationally) present to one another.

The relationality implied by *ubuntu* and *sawu bona* is not a concept totally alien to Western culture.[38] Many staff within a prison, in my experience, naturally operate with this deep regard but, as HMCIP has argued, resilience in the system is so low that only a few things need to go wrong and problems arise.[39] It can be as simple as a member of staff going absent with illness for capacity on a wing to be reduced to such a level that levels of compassionate attention are compromised. As a system, tragically, some times 'We no longer see you' pertains, as recent harrowing statistics suggest.

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Emotional Labour

This regard for another person, a deep 'seeing', is a caring engrossment that is not indifferent to the plight of another human being, even when they have done wrong or may be personally obnoxious.[40] Techno-rational systems, such as bureaucracies, have tendencies to dehumanise, turning people into numbers on spread-sheets and employing – consciously or unconsciously – other devices that distance individual operatives emotionally from those in their care.[41]

A further challenge is the emotional cost of caring. To recognise the humanity of another person in a disciplined and controlling environment is personally costly to compassionately disposed staff, at least to those who have not already adopted defensive and self-protective routines. Bearing the costs of emotional labour long-term can undermine human well-being.[42] Care for the humanity of staff requires close attention to the additional emotional labour costs of not only keeping prisoners secure, safe and decent, but also having due regard for them as human beings, rather than distancing them as "scum', 'cons', 'scrotes', 'shits', 'toe-rags' and 'nonces".[43]

33. In addition to Nussbaum (n.30) see LeDoux, J. (1999) *The Emotional Brain: The Mysterious Underpinnings of Emotional Life* London: W&N; Damasio, A. (2004) *Looking for Spinoza : Joy, Sorrow, and the Feeling Brain*. London: Vintage; Damasio, A. (2006) *Descartes' Error: Emotion, Reason and the Human Brain*. London: Vintage; McGilchrist, I. (2012) *The Master and His Emissary: The Divided Brain and the Making of the Western World*. London: Yale University Press.
34. Nussbaum (n.30), 414–425.
35. Swinton, J. (2007) *Raging with Compassion: Pastoral Responses to the Problem of Evil* Cambridge: Eerdmans.
36. Battle, M. (2009) *Reconciliation: The Ubuntu Theology of Desmond Tutu* Revised ed. Cleveland, Ohio: The Pilgrim Press.
37. Lessem, R. and Nussbaum, B. (1996) *Sawubona Africa: Embracing Four Worlds in South African Management*. South Africa: Zebra Press.
38. Buber, M. (1937) *I and Thou*. Translated by R.G. Smith. Edinburgh: T. & T. Clark; Macmurray, J. (1999) *Persons in Relation*. New York: Humanity Books; Kramer, K. with Gawlick, M. (2003) *Martin Buber's I and Thou: Practicing Living Dialogue* New York: Paulist Press; Liebling, A. (2015) Description at the edge? I-It/I-Thou Relations and Action in Prisons Research, *International Journal for Crime, Justice and Social Democracy*, 4(1): 18–32.
39. Wright, O. (2014) Chief Prisons Inspector Nick Hardwick Interview: 'You Need to Make Rehabilitation the Central Point', *The Independent*, 8th August. Available at: http://www.independent.co.uk/news/uk/politics/chief-prisons-inspector-nick-hardwick-interview-you-need-to-make-rehabilitation-the-central-point-9662761.html.
40. Noddings, N. (2013) *Caring : A Relational Approach to Ethics & Moral Education*. 2nd ed. Berkeley, California: University of California Press.
41. Crawley, E. (2004) Emotion and Performance: Prison Officers and the Presentation of Self in Prisons. *Punishment and Society* 6 (4):411–427, 25–26.
42. Hochschild, A. (2012) The Managed Heart : *Commercialization of Human Feeling*. Updated ed. London: University of California Press.
43. See n.39, 25.

Staff-Prisoner Relationships

HMCIP observed: 'Strong relationships between staff and prisoners often offset the poor physical conditions in prisons'.[44] NOMs has made a commitment to promote such relationships.[45] Compassion, construed as a deeply relational pro-active 'seeing', requires not only appropriate resources (so that there are enough staff with enough time and continuity of contact to offer quality interactions with prisoners) but also an institutional *predisposition* or organisational mode that fosters an attitude that every contact really does matter. 'Just five minutes, or even less, of our time can make a real difference. Just saying 'good morning' can change the way a prisoner might be feeling'.[46]

In 'a rising toll of despair' it is crucial that humane practices of relating become institutionalised and second nature. Leaving a prisoner feeling that they have been regarded ('relationally seen') as a human being can be transformative. It can make all the difference between an incremental step towards rehabilitation or another tragic statistic.

Summary

The 'rising toll of despair' I have reflected upon is located within the external tension of public opinion and political policy and the internal stresses of contemporary penal practice. Public opinion about, and political policy towards, prisons determine the allocation of resources from the public purse. This has a dramatic impact that tragically trickles down the penal system to contribute to the conditions within which intolerable levels of despair can reside. The wider context within which prisons sit cannot be ignored. However, as a Chaplain, my concern here has been to draw attention to the internal level: the relationships between staff and prisoners within the institutional constraints of prisons.

Human beings are flawed creatures, so staff cannot – all the time, with all people, everywhere – be the best versions of themselves. Every human contact does matter but organisational compassion also entails recognising (whilst not excusing) people sometimes have 'a bad day' and fall short of their own best intentions. But the more 'custodial compassion' is normalised, rather than being an exotic interest of 'do-gooders', the better the chances (within constraints of resources) of reducing the awful toll of despair in prisons. To deny the relevance of compassion within the custodial context is to fall short of the glory of our own humanity.

The fact that, until recently, safeguarding processes had significantly reduced the frequency of self harm and suicide suggests that the tide of despair can turn again, given adequate resources and institutionalised compassionately attentive practices. This desperate toll is most tragic upon the individuals (and their families) who self-harm or end their lives. But it is also costly to the many staff who dedicate their daily work to making a difference in such a bleak environment. Personally speaking, that they continue to do so, in public service, enables me to maintain some hope in humanity.

44. See n.10, 34.
45. NOMS (2014) 'Business Plan 2014–2015.' Available at: https://www.gov.uk/government /uploads/system/uploads/attachment_data/file/302776/NOMS_Business_Plan_201415.pdf.
46. Baker, P. (2014) Making a Real Difference to Prisoners' Lives. NOMS Intranet (With Author's Permission).

'You just get on with the job':

Prison officers' experiences of deaths in custody in the Irish Prison Service

Colette Barry is a PhD Candidate at Dublin Institute of Technology.[1]

Introduction

Throughout their careers, prison officers encounter a variety of incidents, ranging from those that are quickly resolvable to major disturbances requiring a coordinated response. Among the most serious events to occur inside a prison is the death of a prisoner. When a prisoner dies in custody, prison officers will usually be first on the scene, and play a central role in the immediate response to the death. Officers also remain enduringly connected to the incident beyond the immediate aftermath; their contributions are often of critical importance to the various investigations convened following a prisoner's death. While recent decades have seen the expansion in understanding of prison officers, as researchers turn their attention to the working lives and cultures of prison staff, studies of officers' experiences of deaths in custody remain scant. Moreover, the few existing examinations of officers' accounts of prisoner deaths have tended to focus on self-inflicted deaths only, leaving very little known about officers' encounters with other causes of death.

Though limited in scope and focus, a review of the existing literature reveals distress, anxiety and feelings of loss as prominent themes in officers' responses to deaths in custody. Crawley describes the sadness and distress experienced by officers following a suicide, noting that many are often reticent to discuss these feelings with colleagues and support staff.[2] The traumatic effects of experiencing a self-inflicted death in custody are enduring; many officers experience flashbacks and resurgences of distress,[3] and may report symptoms of traumatic stress and stress-related illnesses.[4] Prison officers may also experience feelings of loss and bereavement in the aftermath of a self-inflicted death.[5] The nature of an officer's relationship with the deceased is significant in this context, with feelings of loss and grief most common among officers who maintained positive relationships with the deceased.[6]

The impact of a death in custody can continue long after the immediate aftermath of the event. Lengthy investigative processes can prove problematic in this context, particularly as many officers are called upon to contribute written reports to subsequent internal and external investigations into the death. Officers are also frequently called to give oral evidence at coroners' inquests. Liebling observes that participation in the inquest process can be particularly distressing for officers, with staff participants in her study of prison suicide reporting feelings of fear, isolation and anxiety during their attendance at inquests.[7] Liebling additionally identifies guilt as a common feeling for prison staff at inquests, reporting that many officers experienced guilt when they saw the family of the deceased prisoner at an inquest hearing.[8] Similarly, Borrill et al. highlight the experience of answering questions at an inquest in the presence of the prisoner's family as a particular source of discomfort and anxiety for many officers.[9]

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1. The research presented in this article is funded by the Irish Research Council, as part of the Government of Ireland Postgraduate Scholarship Scheme. The author is especially grateful to Dr Mary Rogan, Dublin Institute of Technology for her valuable comments on a draft of this article.
2. Crawley, E. (2004) *Doing Prison Work: The Public and Private Lives of Prison Officers*. Devon: Willan.
3. Borrill, J. and Hall, J. (2006) Responding to self-inflicted death in custody: Support services and postvention. In Dear, G. E. (ed.) *Preventing suicide and self-harm in prison*. Basingstoke: Palgrave Macmillan.
4. Wright, L., Borrill, J., Teers, R. and Cassidy, T. (2006) The mental health consequences of dealing with a self-inflicted death in custody. *Counselling Psychology Quarterly*, 19: 165–180.
5. Lancaster, D. (2001) Suicide and self-harm among women and girls in HMP Holloway. *Prison Service Journal*, 138: 19–21; and Snow, L. and McHugh, M. (2002) The aftermath of a death in prison custody. In Towl, G., Snow, L. and McHugh, M. (eds.) *Suicide in prisons*. Oxford: BPS Blackwell.
6. Crawley (2004) see n.2.
7. Liebling, A. (1992) *Suicides in Prisons*. London: Routledge.
8. Ibid.
9. Borrill, J., Teers, R., Paton, J., Regan, E. and Cassidy, T. (2004) The impact on staff of a self-inflicted death in custody. *Prison Service Journal*, 151: 2–6.

Anxiety may also be focused on the possibility of future fatalities. While discussing how prison staff deal with serious incidents, including deaths in custody, Arnold observes that officers worry that their response to future incidents will be inadequate.[10] Previous experiences were considered unhelpful for dealing with future incidents, as the nature of future events were viewed as unpredictable. Officers may attempt to neutralise uncertainty and fear about potential deaths by striving to maintain a 'high level of psychological preparedness' for any future incidents.[11]

The distress and anxiety that can be caused by a death in custody can be problematic for prison officers, interfering with their ability to perform regular job tasks and their reputation among colleagues. Collective humour and joking affords officers a culturally acceptable medium through which they can neutralise any distress and anxiety caused by a death in custody.[12] Crawley observes that officers may sometimes joke when responding to the death of a prisoner.[13] The humour employed by officers in the aftermath of a death in custody is strikingly similar to the humour used by police and emergency services personnel when dealing with death; it 'lightens the air' and boosts camaraderie after a potentially emotionally exhausting situation.[14] Humour exchanged between colleagues in the aftermath of a death in custody also helps officers to cope with their experiences, reframing their interpretations of the event and allowing them to 'get it out there and feel better about it' with minimal risk to their image.[15]

While the existing scholarship offers useful insights on a small number of relevant topics, its fails to present a complete picture of prison officers' experiences dealing with deaths in custody. The current article attempts to bolster the extant literature, shedding light on this little-explored area in the sociology of prison

> Humour exchanged between colleagues in the aftermath of a death in custody also helps officers to cope with their experiences ...

work. It will report selected findings from a broader study of Irish prison officers' experiences of deaths in custody. Adopting a phenomenological approach, this research explores officers' stories of their encounters with deaths in custody, their emotional responses to their experiences, and their perspectives on support and coping in the aftermath. This research encompasses the entire process, from the discovery of a prisoner's death to officers' efforts to cope and move on in the aftermath.

Moreover, this article also offers insight into prison staff culture in Ireland, an area in which academic interest has remained almost non-existent for many years. The extant literature on Irish prison staff is currently constituted by a handful of descriptive accounts of prison work disseminated in the 1980s and 1990s[16] and a small number of published insights of retired prison staff,[17] resulting in a paucity of contemporary explorations of Irish prison officer culture that has persisted for many years. Recent years however have seen attention begin to turn to the cultures and experiences of Irish officers. In early 2015 the Inspector of Prisons commenced a review of the Irish Prison Service, focused on assessing the current culture within the organisation with a particular focus on the roles and responsibilities of staff.[18] In announcing this review, the Inspector acknowledged that while positive developments that have taken place in the Irish Prison System in recent years, including the reduction in prisoner numbers and improvements in physical conditions, any structural changes and new initiatives should be reinforced by a positive staff culture throughout all levels of the Irish Prison Service. Additionally, the broader culture of the Department of Justice and Equality, within which the Irish Prison Service operates as an executive agency, was also recently assessed by an independent review group,

10. Arnold, H. (2005) The Effects of Prison Work. In Liebling, A. and Maruna, S. (eds.) *The Effects of Imprisonment*. Devon: Willan.
11. Ibid, p. 411.
12. Crawley, E. (2004) Emotion and performance: Prison officers and the presentation of self in prisons. *Punishment & Society*, 6: 411–27.
13. Crawley (2004) see n.2.
14. Scott, T. (2007) Expression of humour by emergency personnel involved in sudden deathwork. *Mortality*, 12: 350–364, p. 351; and Young, M. (1995) Black humour: Making light of death. *Policing and Society*, 5: 151–167.
15. Tracy, S. J., Myers, K. K. and Scott, C. W. (2006) Cracking Jokes and Crafting Selves: Sensemaking and Identity Management Among Human Service Workers. *Communication Monographs*, 73: 283–308, p. 300.
16. McGowan, J. (1980) The role of the prison officer in the Irish Prison Service, *Administration* 28(3): 259–274; and O'Donnell, F. (1999) The prison officers, *Studies: An Irish Quarterly Review* 88: 175-180. Brief references to prison staff can also be found in extant research on Irish prisoners and the Irish prison system.
17. See Bray, P. (2008) *Inside Man*. Dublin: Gill and Macmillan; and Lonergan, J. (2010) *The Governor*. Dublin: Penguin Ireland.
18. Prof Andrew Coyle, Emeritus Professor of Prison Studies, University of London will join the Inspector in conducting this review. See Inspector of Prisons (2015) *Announcement by the Inspector of Prisons of a review of the Irish Prison Service*. Press release, 16 February 2015.

wherein a programme for 'fundamental and sustained organisational and cultural change and renewal' was recommended.[19]

This article will commence with an examination of the process of responding to deaths in custody, focusing on officers' approaches to dealing with these incidents. It will then move to explore the performance of emotion within the officer group in the immediate aftermath of a death in custody, highlighting the cultural and professional rules governing officers' emotional display. Following this, a discussion of the impact of officers' experiences of deaths in custody both at work and in their personal lives will be presented. Finally, the significance of the journey between work and home in maintaining boundaries and facilitating coping in the aftermath of a death in custody will be considered.

Methodology

Data was collected through a series of qualitative semi-structured interviews. Participants were prison officers in the Irish Prison Service and who had experience of dealing with a death in custody in their course of their duties as an officer. Retired officers and individuals who had progressed from officer grades to governor grades were eligible to participate also. Officers with experiences of any cause of death were welcome to participate. Participants were recruited with the assistance of the Irish Prison Service and the Prison Officers' Association, the trade union for prison officers in Ireland. In addition to these channels, snowball sampling was also employed with participants. Unlike other jurisdictions, prison officer research has not yet begun to flourish in Ireland and it was hoped that this approach might bolster efforts to engage with a population who were perhaps less familiar with being the subject of research than their peers in other countries.

Fourteen participants were interviewed. The participant cohort had experience of a range of causes of death, including self-inflicted deaths, homicides, drug-related deaths and deaths by natural causes. Ten participants had encountered multiple deaths in custody, with the remaining four reporting a single incident during their careers. The majority of participants had worked for the Irish Prison Service for over twenty years; the length of service ranged from five years to thirty-four years, with an average of 23.86 years. Twelve participants were currently working in the Irish Prison Service and two had retired, both within the past ten years. The participant cohort included a variety of grades, ranging from governor to prison officer. Ten participants worked in officer grades (including five prison officers, four assistant chief officers and one chief officer) and four in governor grades.[20]

Interviews took place outside the prison environment, which facilitated lengthy, in-depth conversations with participants. The interviews explored three headline areas: participants' experiences of dealing with a death in custody; their emotional responses to a prisoner's death; and engagement with support and coping in the aftermath of their encounter with a death. Emergent topics were explored as they arose. Interview data was transcribed and imported into qualitative analysis software for coding, employing the thematic analysis approach. Findings from early analysis are presented below.

Findings

Responding to deaths in custody

'Working on autopilot'

Participants overwhelmingly characterised their actions during the response to a prisoner's death as automatic and instinctive. The capacity to respond to incidents in this intuitive manner was linked to practical experience and knowledge; participants saw it as skill to be honed while '*on the beat*', rather than a competency that could be taught at induction training. Many participants emphasised the automatic nature of their actions during the interviews. As one participant with more than twenty years of service explained, '*it's intuition, we know what to do, we kick into a higher gear, and we do it almost without thinking*'. A number of participants described themselves as '*working on*

> The participant cohort had experience of a range of causes of death, including self-inflicted deaths, homicides, drug-related deaths and deaths by natural causes.

19. Independent Review Group on the Department of Justice and Equality (2014) *Report of the Independent Review Group on the Department of Justice and Equality* [online]. Available at: <http://www.justice.ie/en/JELR/Pages/PB14000204> [accessed 5 June 2015], p. 2.
20. Each of these participants occupied officer grades prior to their progression to governor grades. All had dealt with multiple deaths in custody during their careers, and recounted experiences from their time working as both officers and governors.

autopilot' when dealing with a death in custody, and many others stressed the automatic nature of their response:

> *The adrenaline would just kick in and it just takes over and you don't say 'oh god, what's my next step'. Automatically, your mind automatically does it and your body automatically does it.*

> *Well you see, you don't realise what you're doing at the time … because you know it's like everything just happens so fast and so quickly and the adrenaline kicks in and takes over and you do things automatically without thinking.*

Automatic response to an alarm or sign of trouble is a significant cornerstone of officer culture,[21] and the expectation to respond to incidents facilitated participants' ability to '*kick into gear*': '*when someone shouts 'there's a swinger!' you run in the direction of that sound*'; '*like how firefighters run into burning buildings while people run out, we have to run into it, its our job*'. The ability to respond automatically to deaths in custody becomes second nature with each experience: '*people that have been through one before, the second one its even more automatic for them, the third one is, and the fourth one and the fifth one*'. In contrast with the officers in Arnold's study,[22] participants felt confident about the possibility of dealing with future incidents, believing that their previous experiences helped to hone their instincts, thus improving their performance when responding to deaths in custody.

Even during their first encounter with a death in custody, many participants reported that they were able to work in this automatic and intuitive manner. Second-hand accounts and colleagues' stories were invaluable in this context, as participants were able to acquaint themselves with the appropriate processes. One participant recalled piecing together how deaths in custody should be handled from a small number of stories of self-inflicted deaths that had happened previously or elsewhere in the prison. Participants indicated a strong preference for this approach to acquiring knowledge about responding to deaths in custody over structured training. All participants reported receiving limited preparation for responding to deaths in custody during their induction period. Training was typically brief, focusing on ligature removal. A handful of participants also received supplementary training on suicide prevention as part of a new programme developed in recent years.[23] Participants emphasised that the ability to go into '*autopilot*' or '*response mode*' during major incidents was of critical importance in prison officer work, and many therefore viewed their first experience of a death in custody as an important test of whether they had the necessary mettle and instincts for the job.

'Getting on with it'

In the immediate aftermath of a death in custody, staff attentions turn to getting the prison '*back to business*'. Once emergency response procedures had concluded, most participants reported making a quick return to their daily duties. When recounting this swift transition from the incident to their regular tasks, participants spoke of the importance of resuming their routines as soon as possible following a death in custody. Phrases such as '*getting on with the job*',

> Participants emphasised that the ability to go into '*autopilot*' or '*response mode*' during major incidents was of critical importance in prison officer work …

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21. Kauffman, K. (1988) *Prison Officers and Their World*. Cambridge, Massachusetts: Harvard University Press; and Liebling, A., Price, D. and Shefer, G. (2011) *The Prison Officer*. Devon: Willan.

22. Arnold (2005) see n.10.

23. The Suicide Training Overview for Prisons (STOP) programme was introduced across the Irish Prison Service in 2012, following a number of years in development and phased implementation. The STOP programme aims to instruct prison officers in the identification and management of self-harm and suicide in Irish prisons. See Health Service Executive (2011) *Minister Kathleen Lynch TD launches HSE STOP suicide prevention and mental health training for prison services staff*. Press release, 14 December 2011. While an initial evaluation of the STOP programme showed improvements in officers' suicide prevention knowledge, the majority of currently serving participants had not yet undertaken the STOP programme. Ireland's progress in this area lags behind other jurisdictions, such as Canada and Western Australia, where suicide and self-harm awareness and prevention training programmes have been in place for several decades, providing standardised approaches to suicide prevention and continuing development of skills through regular refresher training. See Correctional Service Canada (2015) *Annual Report on Deaths in Custody 2013/2014*. Correctional Service Canada, Ontario; and Western Australia Department of Corrective Services (2014) *Annual Report 2013–2014*. Department of Corrective Services, Perth.

'*getting back on the horse*' and '*getting back on track*' were peppered throughout most participants' discussions of the aftermath of a prisoner's death.

This approach to work was seen as an operational necessity. Many staff underlined the nature of prison work and their responsibility with regard to custody and care of all prisoners as factors obliging a speedy return to their routines. While staff are responding to a death in custody, the prison must remain as close to fully operational as possible. Participants were acutely aware of the importance of operational continuity in the aftermath of fatality: '*we have to keep the systems working when we're dealing with the incident*'; '*the priority is to keep this prison from not getting pulled down around our ears*'. As one participant, with multiple experiences of deaths in custody, explained:

> *Everything has to keep going, yeah. It's one of those services where things can't stop. So even if that [death] had happened in the middle of us feeding the prison, we'd have to continue the main operation … We can't just stop. At that time there was almost eight hundred in [the prison]. So we can't put the lives of eight hundred people on hold … We have to isolate, contain and control that, while at the same time managing the rest of the prison.*

In this context, participants were particularly mindful of the impact of the death on the prisoner population, both practically and emotionally. A death in custody was described as having an immediate transformative effect on the mood and relationships in the prison, often heightening tensions and vulnerabilities among prisoners. Prisons were particularly unsettled after self-inflicted deaths and homicides, with some participants characterising the atmosphere as '*eerie*', '*bleak*', '*dark*', and '*weird*'. The majority of participants reported a heightened awareness of prisoners' emotions and vulnerabilities

in the aftermath of a death in custody. Staff often feared further incidents might occur, particularly following unnatural deaths, and believed a quick restoration of normality in the prison would neutralise a potentially precarious atmosphere. While this process did not always run smoothly, participants were largely able to ease the prison back towards everyday life within a week or two: '*it was back to business maybe after a week*'; '*the whole prison moved on quite quickly*'; '*there was an air around the place but it remained just for a few days afterwards*'.

Keeping up appearances

In addition to facilitating continuity in the operation of the prison, responding automatically to a death and ensuring a prompt resumption of the daily routine in the aftermath also afforded officers an opportunity to project a resilient and capable image. Participants were keenly aware of their appearance in this context, both in the eyes of their colleagues and among the prisoners in their charge. Much like the officers in studies by Crawley[24] and Nylander et al.,[25] participants were conscious of institutional and professional 'feeling rules'[26] that governed the expression and performance of emotion in the aftermath of a prisoner's death. Vocalisations or displays of sadness, distress or loss were off limits. Many participants reflected upon an obligation to appear resilient and stoic in the aftermath of a death: '*you can't fall apart in this job*'; '*let's put it this way, there's no way you'd be crying and whimpering about it, they'd think you were mad*'; '*you wouldn't be getting upset afterwards, it just wouldn't be the done thing*'. These feeling rules were accepted by participants, and were described by some as deeply embedded in the organisational culture of the Irish Prison Service. Masculine cultural expectations, which often militate against the acknowledgement of emotion in the prison setting[27] and place a high value on bravado in the aftermath of

> Prisons were particularly unsettled after self-inflicted deaths and homicides, with some participants characterising the atmosphere as '*eerie*', '*bleak*', '*dark*', and '*weird*'.

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24. Crawley, (2004) see n.2; and Crawley (2004) see n.12.
25. Nylander, P.-Å. K., Lindberg, O. and Bruhn, A. (2011) Emotional labour and emotional strain among Swedish prison officers. *European Journal of Criminology*, 8(6): 469–483.
26. In an occupational setting, 'feeling rules' are socially shared norms regarding the appropriate, acceptable and expected emotions in the work environment. See Hochschild, A. (1983) *The Managed Heart: Commercialisation of human feeling*. Berkeley, California: University of California Press.
27. Crawley (2004) see n.2.

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a death in custody,[28] were also highlighted by some participants. Those who bought into these 'feeling rules' expected their colleagues to do so also. The idea of a colleague expressing or speaking about feelings such as sadness or grief within the officer group following a death in custody was unthinkable for some, particularly those who had been in the job for longer periods: '*to be honest with you I'd think they were winding me up. That's the way the group we work in is*'; 'they could be perceived like '*is he for the birds or what? He's in the Prison Service*'.

While expressing sadness or loss in the aftermath of a death in custody was considered a transgression of prison work norms, displays of empathy did not appear to go too far beyond the pale for staff. Empathy was rationalised as a '*human reaction*' to death generally, and was thus perceived as more acceptable. One participant, who reported experiencing multiple deaths by various causes, remarked:

> *There would be something wrong with you if you didn't have some degree of empathy for the loss of life in certain circumstances, no matter who they were.*

Although permissible, there were limits to the extent of displays of empathy. Officers must be careful not to go overboard or be too effusive in their vocalisations of compassion for the deceased with their colleagues. Participants who spoke about empathy indicated that brief and neutral statements were preferred, void of personal sentiment. Those who appeared overzealous in their commiserations would be viewed with suspicion, and risked expulsion from the officer group: '*they'd brand the officer as a lag lover and that'd be it*'.

With expressions of sadness and grief off limits and displays of empathy restricted, officers look to humour as a safe way to talk about a death in custody in the aftermath. Described by some participants as '*banter*', this type of humour mirrors the dark humour seen in previous research,[29] and was characterised in the interviews as '*dark*', '*black*', '*dry*', and '*perverse*'. It was viewed as an occupational necessity, affording an opportunity to collectively decompress after responding to a death in custody:

> *It's a way of just dealing with what's going on. Laughing and joking. Be it morally or ethically incorrect as it is, it happens and it helps to deal with the situation.*

> *It's a defence mechanism, a coping mechanism that we all developed.*

More importantly, engaging in humorous exchanges and observations about the incident allows officers to project a resilient and capable image to their colleagues. As major incidents such as deaths in custody typically require a collective staff response, it was important for participants to know that they could rely on their colleagues during a crisis, and that their colleagues thought the same of them. An officer who is involved in '*lively banter*' after a death in custody is viewed as better able to deal with a future incident than one who becomes upset or agitated.

While this humour acts as a '*social proof*' and '*improves camaraderie*' among the officer group, participants were acutely aware of how this humour could be perceived negatively by 'outsiders'. A number of participants were hesitant to describe examples of jokes and banter to the author, citing concern about appearances. In his ethnographic study of prison life, Crewe observes that joking and derogatory exchanges between staff about prisoners typically take place in 'backstage areas', out of earshot of prisoners.[30] Similarly, those participants who spoke about humour indicated that the humorous talk and joking among staff in the aftermath of a prisoner's death always took place in '*small groups*', in '*private*' and '*staff only*' areas in the prison.

The impact of experiencing a death in custody

While participants projected a resilient image when responding to a death in custody and relating their experiences to their colleagues, many acknowledged that their encounters with prisoners' deaths had altered their perspectives or behaviour in

> With expressions of sadness and grief off limits and displays of empathy restricted, officers look to humour as a safe way to talk about a death in custody in the aftermath.

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28. Snow and McHugh (2002) see n.5.
29. Nielsen, M.M. (2011) On humour in prison. *European Journal of Criminology*, 8(6): 500–514; and Crawley (2004) see n.12.
30. Crewe, B. (2009) *The Prisoner Society*. Oxford: Oxford University Press, p. 61.

some way. Self-inflicted deaths had a particularly transformative effect on participants' approach to their work. Thirteen participants reported experiencing self-inflicted deaths, with some participants encountering multiple self-inflicted deaths during their career. The majority of these incidents occurred during the night. Crawley observes that prisons have a 'different feel' about them at night; the activity of the day is replaced by a 'deathly quiet' as prisoners are locked away in their cells and fewer staff roam the landings.[31] Nights were universally acknowledged as a high-risk period for suicide and suicide attempts, and some participants indicated that they had contemplated the possibility of encountering a self-inflicted death during a night prior to their experience. Following their encounter with a self-inflicted death, many participants described a change in their attitude to night shifts. One participant recalled feeling hesitant about working nights for a lengthy period following the death. Another participant reported that he now checks that the ligature knife is in the appropriate place before commencing every night shift, describing this small task as something that he now does '*without thinking*'.

Participants also forged new associations with certain places in the prison following their encounter with a death in custody, typically the location where the incident occurred. For some participants, passing by or checking a cell where a prisoner had died evoked memories of their experiences. In this context, a participant who had dealt with a drug overdose recounted how he would be reminded of the incident when passing the cell in which it occurred, explaining:

> *When I'd see the door I'd say 'ah, that's where such and such took an overdose. You'd always have that little mindfulness of that … You'd always have a connection with a particular place if it was a bad or a negative thing that happened.*

> Faced with limited avenues through which to express their emotional responses to deaths in custody while at work, some participants disclosed that their experiences had '*bled into*' their personal lives.

Participants' experiences of deaths in custody also affected their lives outside the prison. Events in the prison can often 'spill over into the home'[32], altering officers' perspectives and behaviour in their personal lives.[33] Faced with limited avenues through which to express their emotional responses to deaths in custody while at work, some participants disclosed that their experiences had '*bled into*' their personal lives. In their study of the impact of self-inflicted deaths on prison staff, Borrill et al. observe 'persistent visual images' of the death to be a problem for a number of their cohort.[34] Similarly, many participants in the current study who had dealt with a self-inflicted death described having trouble with images or representations of this cause of death. Films and television programmes that depicted suicide were a common source of distress and discomfort: '*I don't like seeing somebody hanging on a telly*'; '*it'd upset me a little bit now when suicide is on the television*'; '*I'd be inclined now to look away from a film that showed a person hanging*'. Actions and materials associated with self-inflicted deaths were also problematic in this context. A participant who had dealt with one death during his career, a self-inflicted death by hanging, described the enduring effect of his experience in his personal life. He disclosed that he had become highly cautious about objects around necks following his involvement in responding to the prisoner's death, particularly with his children: '*you can ask the children at home, nothing goes around their necks now, nothing … I don't even like scarves on their necks*'.

Moving between two worlds

Over time, prison officers learn to maintain boundaries between their work and home environments, hoping to diminish the impact of events in the prison on their personal lives.[35] Crawley highlights the officer uniform as the threshold between officers' work and home lives, describing the ritual of removing the uniform upon the completion of a shift as 'a cleansing process' that prepares prison staff for re-entry into their personal

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31. Crawley, (2004) see n.2.
32. Crawley, E. (2002) Bringing it all back home? The impact of prison officers' work on their families. *Probation Journal*, 49: 277–286, p. 278.
33. Kauffman (1988) see n.16.
34. Borrill et al. (2004) see n.9.
35. Crawley, (2004) see n.2.

lives.[36] While participants in the current study strived to avoid any possible contamination of their personal lives arising from their encounters with deaths in custody, the routine of removing the officer uniform did not emerge as significant in this context. Instead, the realms of work and home were demarcated by the passage between them. The journey from work to home was transformative; the experience of the death in custody was '*left behind*' and participants began to prepare themselves to return to their personal lives. A number of participants identified landmarks along their route home as the boundaries between the two worlds, places where they felt their thoughts shifting from the incident to their personal lives. One participant, with experience of several deaths during her time in the Prison Service, explained:

> '*Once I get to the roundabout off the [motorway] I stop thinking about what's just happened in work that day and start to think about whether or not I need to stop into the supermarket for milk or something for the dinner on the way home, that sort of thing*'.

This process 'leaving work behind' on the journey home was acknowledged as helpful in coping and moving on in the aftermath of a death in custody. Many participants pointed to their capacity to maintain a firm separation between their experiences at work and their home lives as an important factor in reducing the impact of their encounter with a death in custody. One participant, who regularly cycled home, remarked that his journey home after a shift during which he responded to a self-inflicted death in custody was '*as much a therapy as an exercise*', explaining that '*the sadness of [the prison] was left behind because the bike looked after it*'.

This division between participants' work lives and personal lives established their homes as protected spaces, separate worlds where their encounters with deaths in custody should not intrude. While participants' involvement in the response to a death in custody often sparked concern and curiosity in family members, particularly spouses, many were determined not to discuss their experiences of prisoners' deaths while at home, believing that their families should not be contaminated or burdened by these incidents: '*I don't want to be bringing it home on [my wife]. I don't want to putting my problems at work on her shoulders*'; '*no way is this gonna come in here. No way is this going to affect my kids*'. Some participants invoked military language to reinforce this separation between their two worlds; life outside the prison was frequently referred to as '*civilian life*', a place where the experiences of prison work did not belong.

Conclusion

This article has shown that, while the death of a prisoner impacts the routine operations of the prison, it is more than simply an emergency that must be handled and controlled. A death in custody calls upon officers not only to manage the incident, but also their own reactions to it. In addition to appearing professionally competent in their responses to a prisoner's death, officers must also ensure that they project an image of emotional resilience in the face of death. While prison life quickly returns to normal in the aftermath of a death in custody, the impact of the incident on officers can be enduring, sometimes blurring the boundaries between officers' experiences at work and their personal lives.

In addition to shedding light on prison officers' experiences of deaths in custody, the findings of the research presented in this article also resonate with the broader scholarship on prison work. As prison officer research continues to flourish, this article provides insight into areas that have remained on the periphery of this literature, including officers' approaches to dealing with serious incidents and the impact of officers' experiences at work on their personal lives. It is clear that research on deaths and other major incidents in prison work not only opens a window into officers' experiences of these particular events, but also strengthens understandings of prison officer work more generally.

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36.   Ibid p. 245.

Reviews

Book Review
A Sense of Freedom
By Jimmy Boyle
Publisher: Elbury Publishing
ISBN: 9781785033032 (paperback)
2nd edition (2016)
Price: £8.99 (paperback)

A Sense of Freedom was originally published in 1976. The book eloquently, movingly and compellingly demonstrated a fundamental, transcendent truth, namely that prisoners such as Jimmy Boyle, labelled as 'the worst of the worst', 'the animals' and 'the incorrigibles', could leave their destructive, and self-destructive, pasts behind if the theory of rehabilitation was put into practice. Prisoners were not fixed forever in one immutable, unchanging identify. In short, they could be rehabilitated and their self-development could be realised. As Boyle notes in the Afterword to the new edition of his autobiography:

> *Rehabilitation shouldn't be a dirty word: it should be one of civic pride. Most prisoners are looking for a way out of a lifestyle in which they feel trapped. It is only right that we should equip them with the tools to do so (p. 310).*

A Sense of Freedom ranks alongside one of the other, great prison autobiographies — The *Autobiography of Malcolm X*. Both books, not only poignantly and unflinchingly chart the deep, personal changes undergone by each author, but also how these changes were propelled by a profound confrontation both with their masculine identity and the culturally constructed binaries that divide human beings. Understanding themselves both as prisoners *and* as men led to deep-rooted, existentialist changes. Initially, however, for Boyle this life-force change was impossible as, after being given a life sentence in 1967, and then being labelled Scotland's most violent man, he was continually ghosted between the Cages in Inverness prison and the segregation unit at Peterhead, sites of convulsion and despair.

The book provides a devastating contrast between the grim barbarism, and agonising physical and psychological brutality systemically imposed on prisoners in these institutions, with the philosophy and practices of the Barlinnie Special Unit (BSU), which was opened in February 1973. Originally, the BSU was designed to contain those who, like Boyle, were labelled as the most disruptive prisoners in the Scottish prison system. However, as it developed, the Unit shifted the objective of confinement away from violent, alienating authoritarianism to a system which treated the prisoners as human beings to be trusted rather than as objects to be beaten, humiliated and vilified.

Boyle describes the seismic changes he underwent after his transfer to the Unit:

> *To go from what I was to who I now am was a massive shift. It was only in a place as unique as the Special Unit that such a change could take place. In order to get to where I was, I had to make great changes, hidden changes, not discernable to the human eye.....The subtle day-to-day, free-flowing routine of the Special Unit*
> *was unknown to us at the time, gradually whittling away at our inner brick walls (pp. 299–300).*

His redemptive transformation was encouraged by the humanity and decency shown by prison officers like the late Ken Murray — 'a man of vision' (p. 300) — who himself had escaped from the traditional culture of masculinity that dominated prison officer culture. He articulated an empowering philosophy and vision of what that culture could be if prison staff were committed to supporting the process of prisoner rehabilitation. In the BSU, staff and prisoners groped their way forward into unknown penal territory, unlearning years of negative and hostile attitudes and behaviour. The relations of domination, so fundamental to everyday prison life, were increasingly replaced by hearts and minds committed to forming bonds of trust, empathy and understanding.

Crucially, and contrary to the dominant political and commonsensical narrative around the BSU, the regime was not an easy option for the staff and prisoners involved. Psychologically undressing in front of other men, shedding the layers of masculine, psychological skin that both groups had adhered to over the decades, exposing their vulnerabilities, doubts and anxieties through speaking with other prisoners and staff and being accountable for their actions, was a very difficult, painful process. The BSU took seriously the principle that prisoners were sent to prison as punishment and not for punishment. It stood sharply against the lamentable and self-defeating discourse of deterrence built around the idea that the prisoners needed to be punished further when

incarcerated if crime was to fall and victimisation was to be reduced.

Their sense of self-worth was developed through their contributions to *The Key*, the BSU's in-house magazine. *The Key* published articles, poems, drawings and short pieces which were written by them and by their visitors. The editorial in the third edition eloquently confronted the Unit's critics who had:

> *. . . been very quick to voice loud opinions decrying the efforts of the Unit. It should be said that our critics have been invited to visit us — they have not come! Perhaps we are wrong to reach the obvious conclusion but we think it is fair comment to ask the question if, once again, there are those among us who are so blind they do not wish to see. We welcome constructive debate, we welcome the ideas to improve behaviour at all levels. The Special Unit is all about investigating methods which can help. We believe it is better to be committed to a REAL sense of social justice than to be committed to a policy of retribution and hate.*[1]

Insidious, and often ill-informed attacks, were not confined to the prisoners. Ken Murray was transferred back to the traditional system in July 1979. Scandalously, not long before he retired, he was threatened with the loss of his pension rights if he participated in a television programme focussing on demonstrations in Scottish prisons.[2] This was part of an officially-inspired backlash towards him and his courageous colleagues who were shamefully attacked by the wider prison officer culture, the mass media, the Scottish Office and the then Labour government. This backlash occurred because Ken Murray and his colleagues illuminated the hypocrisy at the heart of official discourse. Rehabilitation was fine in theory but if the 'animals' really began to change then this caused a problem for the expanding, self-serving behemoth of a prison-industrial-academic complex which was, and is, built around the relentless, delusional search for the 'real' causes of crime and the roots of recidivism. Here was a place, and a philosophy, that challenged the cynical instrumentalism of this complex and the dismal banality that 'nothing works'. Instead, the BSU provided a vision of a penal future which was both utopian and practical in terms of delivering actual results regarding individual change, reduced recidivism and public protection. In short, it worked.

This point leads to other, related questions which have resonated over the last four decades. Why was the BSU closed in 1995? Why have like-minded institutions such as Parkhurst C Wing also been closed? Why have the philosophy and practices of institutions such as Grendon Underwood, whose empathic and supportive work has been praised by HM Chief Inspector of Prisons, not been extended into the wider prison system? The answer lies in the politics of punishment. In the last forty years, politicians and state servants, insidiously supported by a rapacious mass media, have obsessed over law and order, not necessarily because they are concerned with victims of crime (the treatment of women in the criminal justice system continues to bear this out) but because it was a vote-winning, populist, expedient cause to be manipulated for their own, nefarious political ends. Therefore, when politicians and the mass media bleakly maintain that punishment needs to be intensified further, and accredited academic and pressure group experts talk about 'nothing works', they consciously and unconsciously ignore the most obvious lesson arising from *A Sense of Freedom*, namely that with the right empathic philosophy, committed staff and an environment that encourages the development of an individual's sense of self-worth, self-esteem and self-awareness, the 'animals' can change, and confinement can work.

In discussing *A Sense of Freedom* 40 years after its publication, it would be easy to talk in reductive clichés about the book being written at a different historical moment. Yet, for all the momentous economic, political, ideological and technological developments that have occurred in these four decades, the prison, and its capacity for the often-ruthless delivery of punishment and pain, has remained a constant and often terrorising presence in the lives of the poor, vulnerable and dispossessed who make up the vast majority of prisoners in the UK and globally. In that sense, the book is timeless and directly challenges the disingenuous hubris articulated by those in power that things have changed and that critics have failed to realise that penal progress is being made. However, as Boyle notes:

> *. . . no lessons have been learned. If anything, things have got worse. The prison system seems to be a lost cause. No one cares. Drug intake, in my day, was not the dominant factor it is today. It is a dereliction of duty by the authorities when a prisoner's only chance of getting off drugs*

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1. *The Key*, No 3, no date, p. 2, emphasis in the original.
2. See Brian Wilson's obituary of Ken Murray in *The Guardian*, 11th October 2007.

is when they are released. It makes no economic sense that politicians accept the failure rate of the prison system. Every single failure results in another victim in the community, as well as the cost of keeping the person in prison (pp. 309–10).

This remains a profoundly important message in 2017. Nonetheless, it is a message that is likely to be ignored because of the vested interests involved in talking up some crimes, especially crimes of violence, although not, of course, the social harms generated by corporate criminality, or domestic, racist and homophobic violence. The nefarious presence of private companies, and third sector interests, have only added another vested interest to the penal mix and another layer to the withering contempt towards prisoners (and indeed welfare claimants) burning within the wider political and popular culture in the first decades of the twenty first century.

Those who have any interest in prisoner rehabilitation, and any desire to develop penal practices that are radically transformative, should read *A Sense of Freedom*. It lays the foundations for not only thinking about what it means to be a human being but also it provides a blueprint for building something truly different which prisons, with some honourable exceptions, miserably fail to do at the moment; change individuals for the better, reduce recidivism and ensure public protection. *A Sense of Freedom* provides this moral foundation. Forty years on, it remains one of the finest, and most humbling books, I have ever read.

Joe Sim *is Professor of Criminology at Liverpool John Moores University.*

Book Review
Redeemable: a Memoir of Darkness and Hope
By Erwin James
Publisher: Bloomsbury Circus Publishing, London (2016).
ISBN: 978-1-4088-1397-3 (hardback)
Price £16.99 (hardback)

Erwin James writes a powerful account of his life, depicting a dysfunctional childhood and family. In a raw and unapologetic manner he recounts his life both before he was imprisoned and during, and he details the lifestyle and circumstances that led to his crimes. The book feels dark and gritty on every page and James presents the distorted explanations for his difficult choices. He talks about life experiences that are, by definition, uncomfortable and he does so in a frank and connecting manner. The reader is drawn uncomfortably close to the very upsetting events that constitute a life that has contained so much tragedy.

Redeemable charts James' life in three main acts: the point at which he resigns himself and returns from service in the French Foreign Legion to surrender to two murder charges; his life before prison, which explores some of the most troubling aspects of his life, including the impact of domestic violence and the complex psychological damage of childhood tragedy; and finally, James' navigation of the prison estate, which included high security prisons and his eventual re-entry into society.

Redeemable describes deeply personal events, thoughts and perspectives. James' brutally honest description of turmoil and transformation is as disarming as it is disturbing. This reviewer can relate, through his own personal experiences, to the fact that even the most shameful and socially disagreeable feelings and logic of a man who is psychologically damaged are all here: James has not diluted or

censored anything. James establishes his brave and honest delivery on the very first page as he admits to resenting the 'dignified conduct' (p. 1) of his victims' families because it seemed to exaggerate his own sense of shame. Not only is this candid, it also begins to describe some of the distorted and highly contradictory thoughts of serious violent offenders, who can often demonstrate an understanding of guilt and empathy at an intellectual and abstract level but *feel* personally cold towards them.

James' account continually offers insight into the psychology of someone with deep social issues. Initially, his decision to surrender to the authorities appears as a virtuous pilgrimage (p. 18) but this serves to further illustrate the distorted logic of a person who has found himself transient, violent and, ultimately, incarcerated. By page 39, his façade of outward justification and the minimising of his awful decisions begin to lift and, where we could assume that a sense of relief and optimism would replace it; there is a dark connection to the void often felt when one divorces such a large part of their own identity.

This review could become entirely about my own personal connection to the writer's experiences. However, it is important to note that the theoretical framework which applies to serious violent offender research is apparent in James' memoir. There are obvious intersections between James' account and what we know, for instance, from Farrington et al.'s Delinquent Development Study, that '[t]he most important childhood risk factors for offending are criminality in the family, poverty, impulsiveness, poor child-rearing and low school attainment…'.[1]

There are further echoes of psychological and criminological theory about deviancy, the effects of long-term imprisonment and

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1. Farrington, D. et al. (2006): 'Criminal careers and life success: new findings from the Cambridge Study of Delinquent Development.' Home Office #281. Crown Copyright 2006.

established understandings of routes to desistance. For example, the passage which illustrates the very difficult process of dealing with 'dead time' (p. 45) could easily be a case study from Dr Ben Crewe's analysis of life sentence prison experiences as presented in his 2016 paper.[2]

Although, academically speaking, one view of one life experience is rarely considered empirical; it is possible to find confirmatory acknowledgements of sound criminological research throughout what is essentially narrative data from a successfully desisting, former life-sentence prisoner. James' life continually assents robust social theories, as with the two examples given above. However, perhaps the most optimistic of these provides an insight into how he began to re-imagine his identity in a way that allowed him to move away from the label of being a 'serious violent offender' to one as a positive member of society. This is detailed extensively in Bottoms' Sheffield Desistance Study where '[d]esistance perspectives stress that the process of change exists before, behind and beyond the intervention'.[3] Bottoms also analyses the impact of the agency and language afforded to would-be-desisters; and, James infers this on page 286 with his building connection to a psychologist who effectively believes in his potential: '[…] yet I had to hang on to the idea that I wasn't inherently a bad person.'

Ultimately, though, *Redeemable* is an evocative insight into a difficult life and must be understood, perhaps like all dysfunctional life stories, in its human context before anything else. The impact of imperfect social institutions, such as the care system to which James was subjected, are all too often considered in terms of social policy or socio-economic data rather than through the lens of its emotional consequences. James' account gives a comprehensive perspective on the complicated and often dissonant processes of: dealing with trauma, neglect or abuse; the impact serious, and even fatal, offences have on the perpetrators' psyche and ability to find internal redemption independent from public stigmatisation; and, the development of more substantive and pro-social coping strategies from entrenched attitudes such as 'I must have deserved it…' (p. 129) and 'I wondered if now that I am a criminal it meant that I am a bad person' (p. 130). *Redeemable* offers a narrative of desistance that is an extraordinary demonstration of personal triumph as well as a beacon for all who are attempting to change the psychological and social structures which interact with those who are at risk of committing the most serious of offences.

James' most valuable achievement, for readers of the *Prison Service Journal*, is the potential to affirm faith in the humanist motivations for entering into criminal and penal vocations. There are many obstacles to helping people to align their futures with something that is compassionate and social, but what James has provided is hopeful evidence for people who work with, for or 'on' offenders that everyone has the capacity to impact on how kind people can become and how successful even the most 'lost of causes' can be. Although choices to go straight are ultimately individual, James is able to remind us of the influence people have around us and how their attitude towards us can help to shape us in positive ways. James' 'psycho office' (p. 286) appointments with a woman called Joan cause me to hope that the people I have met through my experiences within the criminal justice system will be able to say that their care and compassion have helped me to live the rest of my life in a positive and meaningful way. There is a reason why it pays to remember the value of each human being, regardless of what they have done and, as James explains it, it is that when they finally make the decision to be someone other than an offender it will be the people who support them who will most significantly affect how they view and realise their, ultimate, success.

Redeemable has the potential to be an important tool for criminal justice practitioners and theorists as it offers a striking insight into the life and precedents of a perpetrator of serious offenses. James' ability to contribute so valuably to our understanding in this field, in ways which are intensely personally tragic and socially compelling, gives vigour to criminal justice reform movement. He invites people to look harder at how social institutions are failing in heartbreaking ways, and yet he never does so with nothing other than his own perspective of his own life. This is an honest portrayal of a very unpalatable journey which, sadly, continues to be shared by too many people within the criminal justice system. James offers an intimately powerful narrative which is tragic but ultimately inspiring. He characterises key theoretical knowledge about the roots of crime and how people build towards a positive, law abiding life within, and independent from, the criminal justice system, but he also manages to vividly bring them to life. He connects us to social theories and this underpins the need for continued theoretical work and compassionate social practices.

Gareth Christopher *is a social sciences student and a former resident of HMP Grendon.*

2. Crewe, B., Hulley, S., and Wright, S. (in press) 'Swimming with the tide: Adapting to Long-term imprisonment' Justice Quarterly.
3. Bottoms, A. (2012): '*Desistance from Crime*:' Forensic Practice in the Community. Ashmore, Z. and Shuker, R. (ed). Routledge, Taylor and Francis Group, London, p.268.

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PRISON SERVICE JOURNAL

Prison Service Journal Prize for Outstanding Article 2016

The editorial board of the *Prison Service Journal* is proud to announce that Kimmett Edgar, Head of Research at The Prison Reform Trust, has won the *Prison Service Journal* certificate for Outstanding Article 2016.

Kimmett's article 'Restorative Segregation' appeared in edition 228, a special edition on Restorative Justice. The article considered how restorative justice can be used to manage disruptive and violent prisoners that are segregated in prisons, as opposed to the traditional mediation between victim and offender. The article argues that by applying restorative justice principles in this unique environment, a sense of responsibility can be engendered, leading to better outcomes for staff and prisoners.

Kimmett's article was part of a shortlist of six articles published in the *Prison Service Journal* during 2016 that best reflected the aim of the journal to inform theory and practice. *The Prison Service Journal* editorial board voted Kimmett's article the most outstanding article from this group.