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ADDRESSING SERIOUS VIOLENCE IN THE IRISH PRISON SERVICE: EXPLORING THE EXPERIENCES OF PRISONERS AND PRISON OFFICERS



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In 2015, following numerous violent incidents, the Irish State Claims Agency (SCA) conducted a review of prisoner assaults on operational staff in the Irish Prison Service (IPS). Among other findings, the SCA identified that a small cohort of prisoners, often with severe behavioural and mental health issues, were responsible for the majority of such incidents. A smaller subset of these prisoners, who engage in repeated serious violence towards others, are designated under the 'Violent and Disruptive Prisoner' policy, and referred to locally as VDPs. Since its establishment in 2014, only five prisoners have been managed under the VDP policy—three remain in prison, one now resides in the State's only forensic hospital, and one has since been released from prison. These prisoners represent less than 1% of the 3,674 men currently imprisoned in the country's nine medium and high security

male prisons.

Operating in accordance with Rule 62 of the Irish Prison Rules (2007), VDPs are managed separately from the general prison population. However, the exact nature of this management has undergone substantial reform. Until recently, practice was operationally driven, concerned primarily with protecting others from the risk of violence these prisoners pose. Current practice, on the other hand, has become psychologically-informed, aiming to positively intervene with these prisoners to reduce their violent behaviour. The National Violence Reduction Unit (NVRU), which opened in November 2018, was developed by the IPS to address this aim.

I commenced my doctoral studies in October 2017, resulting in the unique opportunity to conduct two studies examining the management of these prisoners both before and after the implementation of the NVRU. Adopting primarily qualitative methodologies, these studies explore the experiences of both the prisoners being managed under the VDP policy, and the Prison Officers managing them. The first of these studies commenced in April 2018, and while data collection is complete, analysis is

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Comments and information from individual members concerning activities and related matters of general interest to international correctional mental health professionals and others in international criminal and juvenile justice are solicited. The IACFP is particularly interested in highlighting promising research, programs, and practices that are consistent with our vision of engaged criminal justice practitioners implementing innovative and humane practices worldwide. Toward that end, we also aim to spotlight those members who are doing great work. All materials accepted for inclusion in *The IACFP Newsletter* are subject to routine editing prior to publication. Opinions or positions expressed in newsletter articles do not necessarily represent the opinions or positions of the IACFP. Please send materials or comments to Cherie Townsend at executivedirectoriacfp@gmail.com.

Deadlines for submission of all material are:

February 2019 issue—
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May 2019 issue—
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August 2019 issue—
June 15

November 2019 issue—
September 15

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ongoing. Through individual, semi-structured interviews, this study aimed to generate a cross-sectional snapshot of practice under the VDP policy prior to the opening of the NVRU. The second study of the project commenced in March 2019, and will continue until October 2021. Through multiple interviews at regular intervals, this study aims to gain a more in-depth understanding of the experiences of both prisoners and Prison Officers in the NVRU over time. With this research ongoing, I am limited in what I can say of these experiences at this point. However, my goal for the remainder of this article is to develop a picture of what previous and current practice under the VDP policy looks like.

Previous practice under the VDP policy can be described by three defining characteristics. Firstly, 'VDPs' were managed with increased security, most notable being the use of barrier handling. Barrier handling involves a Control and Restraint (C&R) team of staff dressed in Personal Protection Equipment (PPE), including body suits, helmets, shields and video record-

Prison Officers describing the personal impact of managing prisoners under the VDP policy, prior to the implementation of the NVRU

"I become a different Officer on that side of the door than on the main landing."

"Your empathy goes [...] If I was walking down the street and I seen someone stabbed [...] it just wouldn't be a big shock to me."

"If and when he gets out [...] myself and my family aren't safe."

"Sure I don't see him. I talk to him through the door. There's nothing stressful about it."

"It would take a very resilient person for it to not have an impact on them. But I'd say if you were to talk to a group of people, they would never admit that."

Prisons describing the personal impact of being managed under the VDP policy, prior to the implementation of the NVRU

"It's hard going being on your own, especially when you just see five suits opening your door every day. It's not a good experience. It's not good for the head either."

"See, I'm only one person [...] and they're a handful. So that straight away to me is a threat signal."

"You can only get frustrated, you can only get very ... tense."

"It's the worst thing I've been on, and I'm in jail a long time."

"As time goes on, I get more hardened."

ing equipment. This team was responsible for most interaction with these prisoners, from providing meals in cell, to facilitating out-of-cell activities. Secondly, VDPs typically received only the basic features of the prison regime, namely phone calls, visits, showers, and exercise. Engagement with services and programmes was restricted, and if offered, occurred on a one-to-one basis. Thirdly, as they were generally not permitted to associate with other prisoners, and engagement with staff was minimal, VDPs experienced extremely limited social interaction.

Practice in the NVRU contrasts starkly, and can be described as psychologically-informed at multiple levels. At the management level, the NVRU is co-led by an Operational Governor and Senior Psychologist, who reach balanced and joint consensus on all decisions. At the staff level, a designated team of Prison Officers have been selected to work solely in the NVRU, and trained in an approach grounded in psychological knowledge and skill. Barrier handling has been eliminated as standard practice, with Officers relying on relational

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security. As such, positive staff-prisoner engagement is a core feature of practice, whether through informal social interaction, or structured interventions co-facilitated by the Psychologist. Acknowledging the therapeutic nature of this new role, Officers receive regular group and individual psychological supervision. At the prisoner level, a more purposeful and meaningful regime involves the increased use of facilities (e.g. gym) and services (e.g. education), as well as intensive psychological assessment and intervention. In addition to increased staff-prisoner engagement, prisoners are permitted to interact with each other, as they progress through the unit. It is through this approach that the NVRU aims to address its goals of (a) reducing the violent behaviour of prisoners, whilst developing pro-social alternatives and increasing psychological well-being and relational outcomes, and (b) improving the competence, confidence and attitudes of staff working with these prisoners.

Studying the experiences of the prisoners and Prison Officers in the NVRU over the coming years is vitally important. Not only does it allow the development of these experiences to be tracked as the NVRU

continues to develop itself, but it also provides some insight into the effectiveness of the NVRU in achieving its aims at this early stage. Whilst not much can be said of this effectiveness at this point, it is undeniable that the NVRU represents an innovative approach to a serious issue. So, too, does this applied research project represent a valuable opportunity to advance evidence-based practice and policy informed by the experiences of those at the core of the NVRU—the prisoners and Prison Officers.

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Session Topics

- AAPL Practice Resource on Prescribing in Corrections
- Alternatives to Restrictive Housing for Seriously Mentally Ill Inmates
- An Increasing Call for Testimony of Correctional Mental Health Professionals
- Approaches to Managing Jail Mental Health Populations
- Behavior Health Assessment of the Hunger Striker
- Community-Based Discharge Planning Program for 90 Days Post Reentry
- Complex PTSD: The Legacy of Early Repeated Traumatization and Implications for Correctional Settings
- Correctional Staff Response to Trauma: How to Take Care of Yourself
- Involuntary Medication Hearings: Understanding Federal and State Due Process Requirements
- Jail-Based Felony Restoration of Competency Treatment Comes of Age: 7 Years of Multisite Outcomes
- Mental Health Implications of Sleep Disorders
- Mental Health Treatment in Segregation
- Metabolic Syndrome and Psychotropic Meds: A Multi-systems Approach
- Performance Measures for Quality Improvement Studies
- Rising Above Resistance: Engaging Defiance in Youth and Families
- The Art of Detecting and Documenting Feigned Mental Illness
- The Opioid Epidemic and Medication-Assisted Treatment
- Transgender in Prison: The Multifaceted Role of Mental Health
- Transgender Treatment in Corrections: A Case Study
- Schizophrenia: Treatment, Management and Reentry
- Suicide in Jails and Prisons: Making Sense of the Data
- Symptoms of Mental Illness and Substance Abuse: How Do They Differ?
- Targeting Brain Injury and Mental Illness: Clinical-Correctional Collaboration
- Trauma-Informed Care: How to Better Support Our Patients
- Treatment of Serious Mental Illness in an Intensive Psychiatric Unit
- Understanding Auditory and Visual Hallucinations: Research and Practice
- Will the Real Bipolar Disorder Please Stand Up?

For more information and to register, go to:
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